



Family Advocacy Program

Standards and Self-Assessment Tool

August 1992

**Assistant Secretary of Defense
(Force Management and Personnel)**



FORCE MANAGEMENT
AND PERSONNEL

ASSISTANT SECRETARY OF DEFENSE

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FOREWORD

This Manual is issued under the authority of DoD Directive 6400.1, "Family Advocacy Program," June 23, 1992. It prescribes uniform standards for all installation Family Advocacy Programs (FAPs) and provides installation FAP Officers (FAPOs) with an instrument for executing their programs.

This Manual applies to the Office of the Secretary of Defense (OSD), the Military Departments, the Chairman of the Joint Chiefs of Staff, the Joint Staff, and the Defense Agencies (hereafter referred to collectively as "the DoD Components").

This Manual is effective immediately. All standards in bold print are mandatory for use by all the DoD Components within 1 year of the effective date. The remaining standards are to be implemented incrementally. All are mandatory within 3 years of the effective date. The Heads of the DoD Components may issue supplementary instructions to provide for unique requirements within their respective DoD Components. This manual does not create any rights or remedies and may not be relied upon by any person, organization, or other entity to allege a denial of such rights or remedies.

Send recommended changes to the Manual, via the appropriate chain of command, to:

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REFERENCES

- (a) [DoD Instruction 6400.2](#), "Child and Spouse Abuse Report," July 10, 1987
- (b) Public Law 101-647, "Crime Control Act of 1990," November 29, 1990
- (c) [DoD Directive 6400.1](#), "Family Advocacy Program," July 10, 1986
- (d) [DoD Directive 5400.11](#), "Department of Defense Privacy Program," June 9, 1982
- (e) Public Law 93-579, "Privacy Act of 1974," December 31, 1974

DL1. DEFINITIONS

DL1.1.1. Assessment. Application of diagnostic methods used in client casework as contrasted with law enforcement investigation methods. (See PSs 4.18, 4.19, 4.21., and 4.22, in Chapter 4, below.)

DL1.1.2. Case. A case is a single victim who may be involved in multiple abuse incidents. Individual cases of members of the same family shall be linked in some manner for cross-referencing purposes. (See DoD Instruction 6400.2, reference (a).)

DL1.1.3. Case Manager. FAP staff member with primary case responsibility from entry through exit from the FAP system. (See PSs 6.4 and 6.5, in Chapter 6, below.)

DL1.1.4. Case Review Committee (CRC). The multi-disciplinary team responsible for reviewing and approving case assessments, determining the status of a case, and monitoring case progress. Acts as an advisory body to the Family Advocacy Committee (FAC). Also called Case Management Team.

DL1.1.5. Central Registry. A central management information system maintained by the Service for identifying and recording information on incidents of child and spouse abuse. (See reference (a).)

DL1.1.6. Child. The term "child" shall include the natural (birth) child, adopted (legally finalized) child, stepchild, foster child, or ward who is a dependent of a military member. The terms shall include an individual of any age who is incapable of self-support because of mental or physical incapacity and for whom treatment in a medical treatment facility has been authorized.

DL1.1.7. Child Abuse and Neglect. The physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or other maltreatment of a child by a parent, guardian, employee of a residential facility, or any person providing out-of-home care, who is responsible for the child's welfare, under circumstances that indicate that the child's welfare is harmed or threatened. The term encompasses both acts and omissions on the part of such a responsible person. This term includes offenders whose relationship is outside of the family and includes, but is not limited to, individuals known to the child and living or visiting in the same residence who are unrelated to the victim by blood or marriage, and individuals unknown to the victim.

DL1.1.8. Clinically Based Programs. Those programs that are intended to address and effect change for specific problems. Such programs are based on the accepted conceptual frameworks for understanding and treating psychological and psychosocial

issues through behavioral, cognitive, or psychodynamic approaches, or their offshoots. These programs are much less didactic than educationally based programs and provide deeper emotional experiences and understanding of the nature of abusive and violent behavior. (See PSs 4.38 and 5.33, in Chapters 4 and 5, below.)

DL1.1.9. Cohabiting Partner. See definition DL1.1.32., below.

DL1.1.10. Criminal History Background Check. The "Crime Control Act of 1990" (Pub L. No. 101-647, Section 231 (1990), reference (b)) requires that all employees and DoD contract personnel involved in the provision of child care services to children who are under 18 years of age undergo a criminal history background check. "Child care services" are defined as child protective services (including investigation of child abuse and neglect reports), social services, health and mental health care, child (day) care, education (whether or not directly involved in teaching), foster care, residential care, recreational or rehabilitative programs, and detentional, correctional, or treatment services. That shall be as follows

DL1.1.10.1 Based on fingerprints obtained by law enforcement and other identifying information.

DL1.1.10.2 Done through the Identification Division of the FBI and the State criminal history repositories of all States that the employee lists as current and former residences.

DL1.1.10.3 Started through personnel offices.

DL1.1.11. Directive. DoD Order, Directive, Regulation, or Instruction of those of a Military Service, major command and/or claimant, or installation.

DL1.1.12. Educationally Based Program. Those programs whose intent is to convey information and awareness without becoming too involved in the individual or group dynamics. It provides practice exercises to increase self-awareness, but is not aimed at developing psychological insights. (See PSs 4.36 and 5.30, Chapters 4 and 5, below.)

DL1.1.13. Extra-Familial Abuse. Includes abuse by strangers, persons in loco parentis, and child-to-child abuse. (See definition DL1.1.7., above.)

DL1.1.14. Family Advocacy Committee (FAC). The policy-making, coordination, recommending, and overseeing body for the installation FAP. (See PS 1.13, Chapter 1, below.)

DL1.1.15. FAP Officer (FAPO). A designated officer to manage, monitor, and provide staff supervision of the FAP at the local level. (See DoD Directive 6400.1, reference (c).) Each Military Service may define in its FAP directive how these functions may be assigned to one or multiple persons at the local installation. This may include a FAP Manager, a FAP Coordinator, and/or a FA Representative (FAR), etc.

DL1.1.16. Family Advocacy. A program designed to address prevention, identification, evaluation, treatment, rehabilitation, follow up, and reporting of child abuse and neglect and spouse abuse. The FAPs consist of coordinated efforts designed to prevent and intervene in cases of family distress, and to promote healthy family life. (See DoD Directive 6400.1, reference (c).)

DL1.1.17. Family Advocacy Staff Training (FAST). A joint-Service, multi-disciplinary training course for entry-level FAP staff conducted several times per year. The Army is the Executive Agent and the course is conducted by the Academy of Health Sciences. Oversight responsibility rests with the DoD Family Advocacy Committee Training Subcommittee.

DL1.1.18. Family Support Services. Programs to strengthen individual, couple, or family functioning; alleviate marital and/or family stress; and prevent the development of further problems that may lead to child or spouse abuse. (See PSs 2.7 and 2.11, in Chapter 2, below.)

DL1.1.19. Immediately Assessed Cases. High-risk cases requiring immediate protection and FAP services. These cases may be immediately assessed by a Level-Two practitioner (credentialed and privileged professional, in accordance with the Service directive), as being a case of child or spouse abuse, and do not require CRC consensus prior to initiation of protective services. Immediately assessed cases may include, for example, an admission by the offender, admission by the spouse victim, admission by the child victim, or confirmation by a privileged medical practitioner.

DL1.1.20. Level-One Intervention. Educationally based programs and other supportive services provided by the FAP, other military programs, and community services. (See PSs 4.36 and 5.30, Chapters 4 and 5, below.)

DL1.1.21. Level-Two Intervention. Clinically based programs and other treatment services provided by the FAP, other military programs, and community services. (See PSs 4.38 and 5.32, in Chapters 4 and 5, below.)

DL1.1.22. Life Skills Development. A service program designed to develop the abilities and competence an individual needs to function successfully in society.

(Examples: How to find and set up an apartment or house; how to establish and maintain a checking or bank account; or budgeting.)

DL1.1.23. Needs Assessment. The process of identifying and evaluating high-risk persons or groups to determine their-special needs. This may include, but is not limited to, surveys, questionnaires, and interviews of relevant individuals, groups, military members in particular geographic areas or military ranks, and military members on special assignment. The needs assessment may also include a review of Service request trends.

DL1.1.24. Open Case. Each report of abuse or neglect shall be considered an open case, although the status of the case may change based on the investigation, initial assessment, and whether or not a formal case file has been established. These cases also may be referred to as "established" or "active" cases. The case will remain open until the criteria for closing it have been met in accordance with DoD Instruction 6400.2, reference (a).

DL1.1.25. Program Standard (PS). The PSs in Chapters 1 through 8, below, represent the ideal and effective elements that should guide the development and ongoing operation standards, accepted professional practices, and current military FAP Practices. (See the "Introduction," below.)

DL1.1.26. Protection. Safeguarding the victim or potential victim from physical, emotional, and sexual abuse or, in the case of children, neglect. Protection of the alleged victim and others in the household of the alleged victim shall be given the first priority by the FAP.

DL1.1.27. Recantation. The victim of abuse (or any person professing to have observed the abuse) retracts or disavows his or her previous statement on the occurrence of the abuse.

DL1.1.28. Risk. The potential for harm of the victim or potential victim of abuse.

DL1.1.29. Risk Assessment. A clearly defined process that uses interviews, observations, and evidence to develop an accurate, reliable, understanding (and written description) of whether or not the victim is safe and unlikely to be harmed by the offender(s) in the near future. Risk assessment cannot definitively predict behavior, but can reduce errors in judgment and may be studied over time to lend more accuracy to predictions. Risk assessment shall identify strengths as well as problems and limitations.

DL1.1.30. Severity of Harm. The degree of danger posed by past and present injuries caused by the acts of the offender.

DL1.1.31. Shelter. A facility designated for temporary, emergency housing for victims of abuse. Its use is normally limited to female victims of spouse abuse and her minor children. It is usually one service provided as part of a more comprehensive response to domestic violence, including counseling and referral. Included in this definition are safe houses. Safe houses are private or Government family quarters that the residents have volunteered to make available for abuse victims in an emergency. This arrangement is prearranged and is in compliance with Service and installation regulations.

DL1.1.32. Spouse. A partner in a lawful marriage or a person who is not married but cohabitating with another, when one or both of the partners are employed by, or are military members in, the Department of Defense and are eligible for medical treatment from the Department of Defense. A married person under 18 years of age shall be included in this category.

DL1.1.33. Spouse Abuse. Spouse abuse includes, but is not limited to, assault, battery, threat to injure or kill, or another act of force or violence, or emotional maltreatment of one spouse against the other. Physical, sexual violence, property violence, and psychological violence are defined in PSs 5.11, 5.12, 5.13, and 5.14 (Chapter 5, below).

DL1.1.34. Standards. Standards are designed to be used as goals and objectives based on tested knowledge and approved practice in the various fields of service. Standards are intended to be goals for continuous improvement of services. They represent practices considered to be most desirable in providing a specific area of service. These standards, therefore, are for child-abuse and spouse-abuse services, regardless of the office or setting. They offer a base for examining practices and for evaluating the performance of child- and spouse-abuse agencies and the adequacy of existing services.

DL1.1.35. Time and/or Task Study. An examination of the relationship of a specific task to the span-of-time needed to complete that task. Designed to enhance the planning and accountability for staff and programs.

II. INTRODUCTION TO PROGRAM STANDARDS (PSs)

II.1. THE PURPOSE OF THE PSs ARE AS FOLLOWS:

II.1.1. The Department of Defense has mandated that each of the Military Services establish programs for the prevention, reporting, investigation, assessment, treatment, and follow up of child abuse and neglect and spouse abuse. The programs and services addressing the problems of child abuse and neglect and spouse abuse in the military are collectively referred to as the "Family Advocacy Program (FAP)."

II.1.2. The FAP quality assurance (QA) program identifies and puts into operation program and personnel requirements, based on accepted professional standards that are necessary to ensure that all Military Service personnel and their families are provided family advocacy services equal in quality to the best programs available to their civilian peers.

II.1.3. The DoD FAP encompasses a variety of professional disciplines operating in both medical and line settings and on a wide variety of military installations. The PSs in this Manual provide a basis for measuring individual program quality and effectiveness and for systematically projecting fiscal and personnel resources needed to support world-wide DoD FAP efforts.

II.1.4. The PSs emerge from those developed by private and public child welfare and family service organizations, including FAP criteria developed by the OSD and the Military Services. Therefore, the PSs should be viewed as representing those elements necessary for effective organization, management, and service delivery programs dealing with child abuse and neglect and spouse abuse.

II.1.5. Responsibility for the installation FAP Officer (FAPO) rests with the installation commander and his or her designated FAPO. Unless otherwise assigned, the Commander and the FAPO are responsible for ensuring that the action to be taken in each PS is completed.

C1. CHAPTER 1

ORGANIZATION AND MANAGEMENT OF THE FAP

C1.1. AUTHORITY BASE FOR THE FAP

C1.1.1. Purpose of the FAP

C1.1.1.1. **PS 1.1: Services shall be provided at the installation that prevent child and spouse abuse involving persons covered by DoD Directive 6400.1 (Section 2., reference (c)). Allegations of such abuse shall be treated in accordance with DoD Directives and Service directives. The specific definitions of child and spouse abuse, as defined in DoD Instruction 6400.2 (Enclosure 2, reference (a)) and Service directives shall be followed.**

C1.1.1.2. PS 1.2: Programs and services that contribute to healthy families, in accordance with DoD Directives and Service and installation directives shall be developed at the Installation (Section 4., reference (c)).

C1.1.1.3. **PS 1.3: Early identification and intervention in cases of alleged child and spouse abuse shall be promoted by the installation (Section 4., reference (c)).**

C1.1.1.4. **PS 1.4: Programs of rehabilitation and treatment for child and abuse problems shall be implemented, in accordance with DoD Directives and Service and installation directives. Such programs do not preclude appropriate administrative or disciplinary action** (reference (c). (Cross-referenced to "Intervention and Treatment," PS 4.36, 4.37, 4.38, 4.40, 4.41, 5.30, 5.31, 5.32, 5.33, 5.34, in Chapters 4 and 5, below).

C1.1.1.5. PS 1.5: Cooperation shall exist with responsible civilian authorities in efforts to address the problems to which reference (c) applies and, in accordance with DoD Directives and Service and installation directives.

C1.1.2. The FAP as a Command Program

C1.1.2.1. **PS 1.6: The installation FAP shall be officially sanctioned as a command support program with a clear delineation of how broad policy-making, coordinating, and management processes shall occur both in the FAP and between FAP and other related services of the installation. Concomitant authority and responsibility to carry out these processes shall be assigned and the**

policy-making, coordinating, and management functions shall be included in the written policies and procedures of the installation or command.

C1.1.2.2. PS 1.7: The necessary coordination and collaboration shall exist between the installation and the medical treatment facility (MTF) to implement the installation's FAP mission, in accordance with DoD Directives and Service and installation directives.

C1.1.2.3. PS 1.8: AFAPO shall be appointed to implement the installation FAP, in accordance with DoD Directives and Service and installation directives (DoD Directive 6400.1, reference (c)).

C1.1.2.4. PS 1.9: The Service directive shall specify the criteria for retaining and providing FAP services to active duty members in the Military Service. This shall be implemented through the installation FAP directive.

C1.1.2.5. PS 1.10: Each installation shall develop and publish a current FAP directive consistent with the Service directive that implements reference (c).

C1.1.2.6. PS 1.11: The installation shall develop and maintain a program statement, consistent with the DoD Directives and the Service directives, that defines the FAP purposes, scope of services, and persons to be served.

C1.1.2.7. PS 1.12: All eligible military families living in the civilian community, those families living on military installations, and eligible civilians shall be recipients of FAP services (reference (c)).

C1.1.2.8. PS 1.13: AFAC shall serve as the policy-making, coordinating, recommending, and overseeing body for the installation's FAP. **The installation directive shall specify the membership, functions, and responsibilities of the FAC members, in accordance with DoD Directives and Service directives.**

C1.2. MEMORANDA OF UNDERSTANDING (MOUs) AND CONTRACTS FOR THE FAP SERVICES

C1.2.1. PS 1.14: Any necessary and appropriate written MOU shall be developed with Federal, State, local, and foreign governmental agencies and with local civilian community organizations to facilitate the implementation of the FAP. When possible, these shall ensure continued military involvement with the involved military families.

C1.2.2. PS 1.15: The installation's MOU with the appropriate Federal, State, local, or foreign organizations providing child protective services and related services shall set forth the roles and functions of both the installation and the child protective services organization. These roles and functions shall encompass reporting responsibilities, referrals, case management, and emergency interventions, including the removal and placement of children outside of their own homes (reference (c)).

C1.2.3. PS 1.16: The installation's MOUs with civilian agencies and organizations shall require, if possible, that these agencies meet the professional standards set for the relevant field(s) as well as adhere to applicable laws governing child and spouse abuse.

C1.2.4. PS 1.17: Any purchase of service contract or agreement with a civilian agency or organization shall be made in writing. The agreement shall contain all terms and conditions required to define the persons to be served, the services to be provided, the credentials (including background criminal history checks) of providers, the procedures for payment, the payment plan, and the effective dates of the agreement. All such agreements shall be signed by appropriate, authorized persons representing the parties to the agreement. Contracts are monitored and evaluated according to a plan, as specified by the FAP.

C1.3. FAP MANAGEMENT SYSTEMS

C1.3.1. Management Accountability

C1.3.1.1. PS 1.18: The necessary arrangements shall exist to ensure the coordination and collaboration between military installations, including those of different Services, in providing FAP services for military families. These shall be in accordance with DoD Directives and Service directives. The installation directive shall address the coordination and collaboration of all installation services, in implementing the installation's FAP mission.

C1.3.1.2. PS 1.19: The overall program goals, treatment objectives, and services to be provided by the installation's FAP shall be established. The roles, functions, qualifications, and responsibilities of FAP personnel shall be defined in writing, in accordance with Service directives. Policies shall exist to ensure that cooperation and appropriate exchange of information occurs between installation activities on FAP cases.

C1.3.1.3. PS 1.20: The installation FAPO (see definition DL1.1.15., above) shall facilitate the development, oversight, coordination, administration, and evaluation of the FAP, in accordance with installation and Service directives. The FAPO shall be responsible for maintaining clear lines of authority and accountability in the FAP to ensure coordination of the FAP functions and the integration of services.

C1.3.1.4. PS 1.21: Written policies and procedures shall govern the operations of the installation FAP. They shall be reviewed periodically and shall be available to personnel and other authorized cooperating agencies and individuals.

C1.3.1.5. PS 1.22: An installation FAP policies and procedures manual shall be developed, revised, and updated. The policies shall reflect the accepted professional practices in the field and shall be accompanied by specified procedures that delineate implementation of policies.

C1.3.2. Human Resources of the FAP

C1.3.2.1. PS 1.23: The installation shall ensure there is a sufficient number of qualified personnel (military, civil service, contractors, and volunteers) to meet the PSs. A background criminal history check, in accordance with Section 231 of Public Law Number 101-647 (1990) (reference (b)) (see definition DL1.1.10., above) shall be done on all FAP personnel covered by that section.

C1.3.3. Physical Resources of the FAP

C1.3.3.1. PS 1.24: Administrative services, logistical support, and equipment necessary to ensure the effective and efficient operation of the FAP shall be provided (DoD Directive 6400.1, reference (c)).

C1.3.3.2. PS 1.25: FAP personnel shall be housed and equipped in a manner suited to the FAP delivery of services. This shall include private offices and/or rooms available for personnel to engage in interviewing and counseling of clients in a confidential setting.

C1.3.3.3. PS 1.26: Confidential client case records and materials shall be filed and stored, in accordance with DoD Directive 5400.11 (reference (d)) and in file cabinets, which provide reasonable security from unauthorized access.

C1.3.3.4. PS 1.27: FAP personnel shall have a sufficient number of telephones conveniently located for easy access that shall accommodate the need for

confidentiality. The telephone system shall be maintained in good working order and shall have the capacity to accommodate a 24-hour emergency response for FAP reports (e.g., beepers and answering service).

C1.3.3.5. PS 1.28: FAP personnel shall have access to sufficient Government vehicles that are available for implementing its services. In case of medical emergencies (including suicidal or unmanageable clients), MTF ambulances or law enforcement vehicles shall be utilized.

C1.3.4. Financial Resources of the FAP

C1.3.4.1. PS 1.29: Financial resources exist that permit the implementation of the FAP responsibilities, in accordance with DoD Directive 6400.1 (reference (c)) and accepted standards of practice. An annual report for the FAP highlighting the standards of the program, goals, and available and needed resources shall be prepared. The report should include trends, current fiscal experiences, and the planning for allocation of financial resources and FAP personnel.

C1.4. MANAGEMENT INFORMATION SYSTEMS

C1.4.1. PS 1.30: A plan shall be developed and implemented for the regular collection, utilization, and dissemination of information to ensure accurate and comparable statistics essential for program planning, administration, determination of FAP policies and budgets, and identification of unmet needs and/or gaps in services.

C1.4.2. PS 1.31: The installation FAP shall establish guidelines to comply with the statistical reporting standards of the DoD Directives and Service and installation directives, including the accurate and timely registering of client data in the service Central Registry for FAP cases (DoD Instruction 6400.2, reference (a)).

C2. CHAPTER 2

FAMILY SUPPORT (PREVENTION) SERVICES

C2.1. PROMOTING GENERAL AWARENESS OF CHILD AND SPOUSE ABUSE

C2.1.1. **PS 2.1: Prevention, education, and training efforts shall exist to make the command, military personnel, and their family members aware of the scope of child and spouse abuse problems and to facilitate cooperative efforts,** (DoD Directive 6400.1, reference (c)). All newly assigned personnel shall receive an orientation to the FAP, available family support services, and installation FAP policies.

C2.1.2. PS 2.2: Services to assist in the prevention of child and spouse abuse, including information and education about the problem in general, shall exist. Prevention efforts shall be directed specifically toward potential victims, offenders, and non-offending, and identifiable high-risk family members (reference (c)).

C2.1.3. PS 2.3: Community outreach efforts shall be provided and/or facilitated. They shall include support services (prevention), education, and training on the extent and nature of child and spouse abuse and an awareness of family violence, how to report it, and available services.

C2.1.4. PS 2.4: Brochures, newsletters, and other publications for both the military and civilian communities shall be developed and disseminated to increase the awareness of child and spouse abuse issues and services on child and spouse abuse, including specific information on the FAP-Media and other public affairs resources shall be used as part of this general awareness effort.

C2.2. PROMOTING AWARENESS WITHIN THE MILITARY COMMUNITY

C2.2.1. PS 2.5: Periodic regular education for all installation and unit commanders and their immediate staff shall be provided. This education shall include the nature of child and spouse abuse, its prevention, the nature and availability of FAP services for military members and their dependents, and family stress. All new commanders shall receive information on their roles and responsibilities in FAP cases.

C2.2.2. **PS 2.6: Education for professional and paraprofessional personnel who work with children in military-related services shall be provided. These services shall include, but not be limited to, personnel in Department of Defense Dependents Schools (DoDDS), child development centers, family day care homes,**

and youth service centers. The FAP educational program content shall include causes and effects of child and spouse abuse, identification and reporting responsibilities, and available services. Additionally, managers or coordinators of these programs shall receive training in screening procedures to identify potential and actual child abusers or molesters (see PS 4.15) who are engaged as caregivers of children. This training is in addition to the checks required by Pub. L. 101.645, Section 231.

C2.3. ADVOCACY SERVICES FOR CHILDREN, SPOUSES, AND FAMILIES

C2.3.1. PS 2.7: In the effort to prevent child and spouse abuse, the establishment and improvement of those services that promote healthy family lives shall be actively advocated. These services focus on strengths and needs rather than problems, include education and awareness training, and provide interpersonal skills training that allow individuals, couples, and families to function over the long term as well as the short run by initiating, developing and maintaining healthy relationships (DoD Directive 6400.1, reference (c)).

C2.3.2. PS 2.8: Criteria for the identification of high-risk persons and groups and their special needs shall be established by doing periodic needs assessments. These shall be based on the FAP's client data and other related sources. The identification of the special needs of high-risk persons shall be the joint responsibility of the command, the FAC, the Case Review Committee (CRC), the FAPO, and FAP personnel, with input requested from appropriate civilian community resource professionals. There shall be an annual plan of action developed based on the outcome of the needs assessment (cross-referenced to "Planning," PS 8.7, below).

C2.3.3. PS 2.9: The unique needs of each FAP case shall be met to ensure optimum advocacy for the family. This shall include the identification of gaps in the service plan, lack of or insufficient delivery of existing services, unnecessary delays in the delivery of services, fragmentation of service delivery, and the emergence of new or unique client needs. Trends and aggregate information about cases is also considered in planning for the delivery of services.

C2.3.4. PS 2.10: Resource and service delivery problems shall be identified to the FAC, appropriate installation commanders, and higher echelons.

C2.4. FAMILY SUPPORT (PREVENTION) SERVICES

C2.4.1. PS 2.11: To alleviate marital or family stress, to prevent further problems, and to strengthen individual, couple, or family functioning, the following services shall be provided by the installation or clients shall be referred to civilian resources:

C2.4.1.1. Spouse:

C2.4.1.1.1. Coping with Stress (stress workshops and support groups, new baby adjustments, or job problems, etc.)

C2.4.1.1.2. Emergency Assistance (financial, housing, healthcare, or basic necessities, etc.)

C2.4.1.1.3. Spouse and Single-Parent Support Groups (same sex groups and groups oriented to specific problems, such as incest survivors, etc.)

C2.4.1.1.4. In-Home Services (full- or part-day, visiting nurse, or homemaker services, etc.)

C2.4.1.1.5. Counseling (marital counseling, family counseling, group counseling, or other counseling)

C2.4.1.1.6. Life Skills Development

C2.4.1.1.7. Family Life Education and Family Planning (includes programs designed for individuals, couples, or families, that provide knowledge, social relationship skills, and support throughout the family life cycle)

C2.4.1.1.8. Socialization (social groups, young wives/young husbands groups, Americanization, or language, etc.)

C2.4.1.1.9. Personal Safety (assertiveness training, rape prevention, or self-defense, etc.)

C2.4.1.1.10. Interpersonal Relationship Skills (conflict resolution, communications, problem solving, commitment, negotiation and/or compromise, team building, and dealing with anger, etc.)

C2.4.1.1.11. Services for Special Needs Families

C2.4.1.1.12. Legal Services

C2.4.1.1.13. Rape Prevention and Coping with Rape

C2.4.1.2. Children and Families:

C2.4.1.2.1. Affordable and Accessible Child Care (child development center, family child care home, part-day care, or respite day care, etc.)

C2.4.1.2.2. Support Services for New Parents (prenatal services, child development education, information and referral, or coping with parenthood, etc.)

C2.4.1.2.3. Education for Parents (parenting education, stress reduction related to parenting, or group support, etc.)

C2.4.1.2.4. Preventive Counseling (drop-in center or hotline for stress calls, etc.)

C2.4.1.2.5. In-Home Services (full or part-day, visiting nurse, or homemaker services, etc.)

C2.4.1.2.6. Life Skills Development

C2.4.1.2.7. Emergency Assistance (financial, basic necessities, housing, or healthcare, etc.)

C2.4.1.2.8. Family Life Education and Family Planning (includes programs designed for individuals, couples, or families that provide knowledge, social relationship skills, and support throughout the family life cycle)

C2.4.1.2.9. Socialization (social groups, young wives and/or young husbands groups, Americanization, or language, etc.)

C2.4.1.2.10. Safety Education for Children (protection against abuse or seeking, help, etc.)

C2.4.1.2.11. Personal Safety (assertiveness training, rape prevention, or self-defense, etc.)

C2.4.1.2.12. Interpersonal Relationship Skills (conflict resolution, communications, problem solving, commitment, negotiation and/or compromise, team building, and dealing with anger, etc.)

C2.4.1.2.13. Rape Prevention and Coping with Rape

C2.4.1.3. Coping with the Stresses of Military Life

C2.4.1.3.1. Predeployment

C2.4.1.3.2. Post-Deployment

C2.4.1.3.3. Separation Due to Military Assignment (Temporary Duty and/or Temporary Active Duty)

C2.4.1.3.4. Relocation and/or Permanent Change of Station (PCS)

C2.4.1.3.5. Transition to Civilian Life

C3. CHAPTER 3

INVESTIGATION, ASSESSMENT OF THE COMPLAINT, AND DISPOSITION OF FAP CASES

C3.1. INITIAL REPORTING OF CHILD AND SPOUSE ABUSE

C3.1.1. PS 3.1: An informational program to inform the military and civilian communities on the purpose of reporting suspected incidents of child or spouse abuse, the procedure used to make such reports, FAP activities in doing follow-up investigations and assessments, and the scope of FAP intervention services shall be developed and implemented.

C3.1.2. PS 3.2: The installation FAPO, or designee, shall receive all reports of alleged child or spouse abuse, in accordance with DoD Directive 6400.1 (reference (c)) and related Service directives. This shall include reports of alleged out-of-home or institutional child abuse, sexual abuse, or exploitation by caretakers.

C3.1.3. PS 3.3: A case record (or file) shall be opened for every new case of alleged child or spouse abuse reported to the FAP. Every alleged incident shall be documented in writing. The installation FAPO, or designee, shall be responsible for the collection of pertinent written information to be included in the case record (file), regardless of the administrative unit that obtained the information be maintained (cross-referenced to "Case Records," PS 6.22, 6.23, and 6.24, Chapter 6, below).

C3.1.4. PS 3.4: The military law enforcement blotter on incident reports of child and spouse abuse shall be reviewed. Local law enforcement agencies shall be requested to provide access to reported child and spouse abuse incidents involving military personnel and families. These review procedures shall be included in the installation MOUs with these agencies.

C3.1.5. PS 3.5: Policies and procedures shall be developed to ensure that the following responsibilities are carried out in the case of alleged child or spouse abuse:

C3.1.5.1. Medical assessment for all minors in the household and treatment, when indicated, for all family members in the household by medically trained personnel.

C3.1.5.2. Notification of the Service member's commander.

C3.1.5.3. Notification of military law enforcement and investigative agencies.

C3.1.5.4. Notification of the local public child protective services agency (in alleged child abuse cases only) in the United States and, where covered by agreements, overseas.

C3.1.5.5. Observance of the applicable rights of alleged offenders (DoD Directive 6400.1, reference (c)).

C3.1.6. PS 3.6: A 24-hour a day reporting mechanism shall be established for receiving reports of alleged child or spouse abuse, including those reports received from military and civilian law enforcement agencies, medical facilities, the local public child protective services agency, and from individuals wishing to report cases of alleged child or spouse abuse in military families. The reporting mechanism may include a FAP hotline, an after-hours telephone communications plan, a beeper, or an on-call FAP staff duty arrangement.

C3.1.7. PS 3.7: Policies and procedures shall be developed to ensure that the FAP is consulted by military law enforcement on the referral of a spouse (and family) to a shelter. The installation MOU with civilian law enforcement agencies shall include the provision that an abused spouse shall be informed of FAP services during referral to a shelter.

C3.1.8. PS 3.8: The installation FAP personnel shall be informed and consulted within 24 hours by military law enforcement agencies and/or the local child protective services agency on all alleged child abuse, molestation, and/or exploitation situations immediately on receipt of an incident report involving a military family. This provision shall also be included in the installation MOU between the FAP and the local child protective services agency. If possible, similar procedures in the form of a MOU shall be developed by the FAP with local law enforcement agencies. The purpose of these agreements shall be to promote the timely utilization of FAP intervention and support services by these agencies.

C3.2. INITIAL INVESTIGATION AND ASSESSMENT OF COMPLAINTS OF CHILD AND SPOUSE ABUSE

C3.2.1. **PS 3.9: Written policies and procedures shall incorporate the definition of "investigation," e.g., the respective information gathering roles of FAP staff and the investigative role of military and civilian law enforcement agencies, and public child welfare protective service agencies. The purpose of the investigation shall be to gather facts about the abuse allegations. Facts are gathered by interviewing the reporter of the incident, the alleged victim, the alleged offender, and the parent(s) or siblings of the alleged victim, if a child. Additionally, other facts may be gathered by interviewing available witnesses, discovering the identity of other witnesses and interviewing them, and collecting physical evidence.** Policies and procedures shall also specify when FAP staff shall carry out protective service investigations without military law enforcement involvement, and when it is appropriate for investigations to be carried out by the FAP staff in cooperation with military law enforcement or civilian law enforcement agencies. Policies and procedures governing investigations overseas shall be adapted to host-nation laws, the Status of Forces Agreements (SOFAs), and other realities of practice and custom.

C3.2.2. **PS 3.10: Policies and procedures shall include timelines for staff to complete the assessment phase of an alleged abuse incident. The FAP policy shall reflect the urgency of protecting the alleged victim and shall provide for prompt investigation based on the severity of the abuse and further risk to the child and/or spouse.**

C3.2.3. **PS 3.11: FAP staff shall establish a reporting system to ensure that military law enforcement, military investigative services, civilian law enforcement agencies, and the public child protective services agency are notified during the investigative phase of a child or spouse abuse incident. Military law enforcement or military investigative agencies shall be notified within 24 hours of receipt of an allegation of an incident of child or spouse abuse. The installation FAP directive and MOUs shall specify the information to be obtained from the investigative agencies.**

C3.2.4. **PS 3.12: Procedures to foster sufficient, accurate, and timely exchange of information with the appropriate public child protective services agency shall be established in compliance with the Privacy Act of 1975 and implementing DoD and Service guidance. Similar procedures shall be developed between the FAP and military law enforcement, military investigative agencies, and by installation MOUs with civilian law enforcement agencies.** Exchange of case-relevant information shall be maximally complete between agencies having interest in the investigation and disposition of FAP cases.

C3.2.5. PS 3.13: The installation FAP policy shall include language that outlines the procedures required to protect the rights of the alleged offender and the victim during the investigation and assessment phase.

C3.2.6. PS 3.14: Policies and procedures shall be established to ensure the sharing of relevant information about the findings of the investigation among the various military and civilian organizations involved in the case. The policies shall include ensuring that the rights of persons involved in the investigation are not violated. Important information crucial to the investigation of one DoD organization, which is known to a second DoD organization, shall be shared with the first in an appropriate manner. The types of information may include; e.g.; medical information, location of witnesses, and additional follow-up information. Coordination with all agencies involved in an investigation shall occur. If an agency is not in the Department of Defense, policies shall ensure compliance with the Privacy Act of 1975.

C3.2.7. PS 3.15: Written policies and procedures shall be established for the case management of out-of-home or institutional child abuse or sexual abuse.

C3.3. INFORMATION GATHERING ON CHILD AND SPOUSE ABUSE INCIDENTS

C3.3.1. PS 3.16: Upon receipt of the initial law enforcement investigation report, information gathering, and follow-up to remedy the gaps in factual information on the alleged abuse shall be done.

C3.3.2. PS 3.17: Policies and procedures shall be established to protect the confidentiality of law enforcement and criminal investigative Service reports.

C4. CHAPTER 4

INTERVENTION AND TREATMENT IN CHILD ABUSE AND NEGLECT CASES

C4.1. GENERAL

C4.1.1. PS 4.1: Written policies and procedures shall include definitions of child abuse, neglect, and sexual abuse, as "the physical injury, sexual maltreatment, emotional maltreatment, deprivation of necessities, or other maltreatment of a child under the age of 18 years by a parent, guardian, employee of a residential facility, or any person providing out-of-home care, who is responsible for the child's welfare, under circumstances that indicate that the child's welfare is harmed or threatened." The term shall encompass both acts and omissions on the part of the responsible person. The term "child" shall be defined in the policies and procedures as "the natural (birth) child, adopted (adoption proceedings legally finalized) child, stepchild, foster child, or ward." The term shall include an individual of any age who is incapable of self-support because of mental or physical incapacity and for whom treatment in a DoD MTF has been authorized (DoD Instruction 6400.2, reference (a)). (Cross-referenced to "Intervention and Treatment," PS 4.14 through 4.17, in this Chapter, below.)

C4.1.2. PS 4.2: The definition of child abuse shall include abuse that occurs by persons in loco parentis, abuse by strangers, and child-to-child abuse, and shall be written, in accordance with definitions in reference (a).

C4.1.3. PS 4.3: Guidelines shall be established and implemented for assessment and treatment of alleged juvenile offenders in child abuse and child sexual abuse cases.

C4.1.4. PS 4.4: Written policies and procedures shall define an individual (one) case, as a "single victim" and an incident or subsequent incidents of maltreatment. An incident shall be defined as "an occurrence that may include one or more types of maltreatment of the child" (DoD Instruction 6400.2, reference (a)). Individual cases of members of the same family shall be linked (e.g., the sponsor's identification number or some other method).

C4.1.5. PS 4.5: Early identification and intervention in cases of alleged child abuse and/or neglect shall be required (DoD Directive 6400.1, reference (c)).

C4.1.6. PS 4.6: Medical assessment and treatment shall be ensured for all eligible family members by appropriately trained personnel (e.g., sexual abuse experts). Where

a family member is not eligible, the appropriate referral shall be made (DoD Directive 6400.1, reference (c)).

C4.1.7. PS 4.7: Guidelines shall ensure that commanders have timely access to complete case information when considering appropriate disposition of allegations, including the following:

C4.1.7.1. Prognosis for treatment, as determined by a clinician with expertise in the diagnosis and management of the abuse at issue (child physical abuse, neglect, or sexual abuse).

C4.1.7.2. Extent to which the alleged offender accepts responsibility for his or her behavior and expresses a genuine desire for treatment.

C4.1.7.3. Other factors considered to be appropriate for the command, including prognosis as it has an impact on military performance and time required away from duties to fulfill treatment, commitments (DoD Directive 6400.1, reference (c)).

C4.2. ASSESSMENT OF CHILD ABUSE AND NEGLECT CASES

C4.2.1. PS 4.8: Written policies and procedures shall ensure that the protection of the alleged victim(s) and at-risk siblings shall be given the first priority by the FAP in providing (either directly or through other resources) investigatory, assessment, and intervention and/or treatment services.

C4.2.2. PS 4.9: Criteria shall be established for the relocation of the offender (or other involved persons, as appropriate), when that person is a Service member, from the home to alternative housing separate from the family home. (This may be either on- or off-installation housing.)

C4.2.3. PS 4.10: Criteria and procedures shall be established for the removal of the child victim(s) of abuse or other children in the household when in danger of continued abuse or life-threatening neglect by the offender(s). This shall be done consistent with applicable laws governing protective custody and shall include instructions for safe transit of the child (both continental United States (CONUS) and outside the continental United States (OCONUS)).

C4.2.4. PS 4.11: Criteria shall be established for determining the severity of the harm done or being done to the child victim, the seriousness of the allegation(s), and the risk factors for future abuse or neglect of the child by the offender(s). Harm shall be defined, as "any physical or mental injury or adverse condition of a child caused by

acts or omissions of the child's parent(s) or caretaker." Severity of harm shall be defined, as "the degree of danger posed by past and present injuries caused by the acts or omissions of the parent(s) or caretaker." Risk shall be defined, as "the potential for harm of a child; imminent, threatened, or otherwise, without regard to whether the abuse or neglect can be substantiated."

C4.2.5. PS 4.12: In doing the assessment and determining risk, recantation by the victim shall be considered a fact and part of the information on the case. It shall not, in and of itself, be used to conclude that the incident did not occur.

C4.2.6. PS 4.13: All cases requiring immediate protection from child abuse, neglect, or child sexual abuse shall immediately receive a medical examination by a qualified medical practitioner. When indicated, any other children residing in the victim's home also shall receive medical examinations. Guidelines shall be established for access to medical services in OCONUS cases.

C4.2.7. PS 4.14: Policies and procedures shall define physical injury of a child, as "a type of maltreatment, to include: brain damage or skull fracture; subdural hemorrhage or hematoma; bone fracture; dislocation or sprain; internal injury; poisoning; burn or scald; severe cut, laceration, or bruise; other major physical injury that seriously impairs the health or physical well-being of the child victim; minor cut, bruise, or welt; twisting or shaking; and other minor injury" (DoD Instruction 6400.2, reference (a)).

C4.2.8. PS 4.15: Policies and procedures shall define sexual maltreatment, exploitation, rape and intercourse, molestation, incest, and other sexual maltreatment, to include the following:

C4.2.8.1. Sexual Maltreatment: Employment, use, permission, inducement, enticement, or coercion of any child to engage in, or having a child assist any other person to engage in, any sexually explicit conduct (or any simulation of such conduct), or rape, molestation, prostitution, or other sexual activity between the offender and a child, when the offender is in a position of power over the child.

C4.2.8.2. Exploitation: Forcing a child to look at the offender's genitals, forcing a child to observe an offender's masturbatory activities, exposing of a child's genitals for sexual gratification of the offender(s), talking to a child in a sexually explicit manner, surreptitious viewing of a child while undressed for the offender(s) sexual gratification, or involving a child in sexual activity such as pornography or prostitution in which the offender does not have direct physical contact with the child.

C4.2.8.3. Rape and Intercourse: Sexual intercourse with a child involving the penetration of the child's vagina or rectum.

C4.2.8.4. Molestation: Fondling or stroking of breasts or genitals, oral sex, or attempted penetration of the child's vagina or rectum.

C4.2.8.5. Incest: Sexually explicit activity identified (in C4.2.8.1. through C4.2.8.4., above) between a child and parent, a sibling, or other relative too closely related to be permitted by applicable law to marry.

C4.2.8.6. Other Sexual Maltreatment: Other sexual activity with a child that has not been described (in C4.2.8.1. through C4.2.8.5., above, reference (a)).

C4.2.9. PS 4.16: Policies and procedures shall define the types of neglect as the following:

C4.2.9.1. Deprivation of Necessities: Neglecting to provide nourishment, appropriate shelter, clothing, and healthcare.

C4.2.9.2. Failure to Thrive: A condition of a child indicated by not meeting developmental milestones for a typical, child.

C4.2.9.3. Lack of Supervision: Inattention on the part of, or absence off the caretaker that results in injury to the child or that leaves the child unable to care for him or herself or the omission to have the child's behavior monitored to avoid the possibility of injuring self or others.

C4.2.9.4. Educational Neglect: Allowing for extended or frequent absence from school, neglecting to enroll-the child in school, or preventing the child from attending school for other than justified reasons.

C4.2.9.5. Abandonment: The absence of a caretaker when the caretaker does not intend to return or is away from home for an extended period without arranging for a surrogate caretaker.

C4.2.10. PS 4.17: Policies and procedures shall define the types of emotional maltreatment as the following:

C4.2.10.1. Emotional Abuse: Active, intentional berating, disparaging, or other abusive behavior toward the victim that affects adversely the psychological well-being of the child victim.

C4.2.10.2. Emotional Neglect: Passive (with or without an aggressive motive) inattention to the child victim's emotional needs, nurturing, or psychological well-being (DoD Instruction 6400.2, reference (a)).

C4.3. ASSESSMENT DISTINCTIONS

C4.3.1. PS 4.18: Risk assessment shall be defined in the policies and procedures of the installation or command. This shall include risk assessment as a clearly defined process that uses interviews, observations, social history data, and evidence to develop an accurate and reliable understanding (and written description) of whether or not a child is safe and unlikely to be harmed by the acts or omissions of the offender(s) in the near future. Risk assessment cannot definitively predict behavior, but can reduce errors in judgment and may be studied over time to lend more accuracy to prediction. Risk assessment shall identify both strengths as well as problems and limitations. Therefore, it is used in both protection and treatment decisions.

C4.3.2. PS 4.19: Policies and procedures shall define the information sources that should be used in doing assessments of child abuse, neglect, or child sexual abuse cases. These include the following:

C4.3.2.1. Background information checks, including both computer and other record-keeping systems of the Service Central Registry, State child abuse registry, criminal identification data banks, FAP records, medical records, and housing complaint records, etc. If the alleged offender(s) is a DoD employee subject to Section 231 of PUB. L. 101-647, include results of that screening.

C4.3.2.2. Collateral contacts with schools, child daycare centers, military and child protective services agencies, the civilian service centers, local Civilian Health and Medical Program of the Uniformed Services (CHAMPUS), and other military or community mental health providers, etc.

C4.3.3. PS 4.20: During the period of investigation and assessment, sufficient monitoring, and immediate support to the child's family shall be provided to ensure adequate protection of the child victim and siblings, if they are remaining in the parent(s) or guardian(s) home or the home of others acting in loco parentis.

C4.3.4. PS 4.21: Policies and procedures, which define the basic-standards for assessing child abuse and neglect cases shall exist. The assessment shall be done by a Level-Two professional as defined in PS 7.3 and PS 7.5, Chapter 7, below. It shall include, but not be limited to, the following:

C4.3.4.1. Background checks of previous abuse incidents recorded in the Service Central Registry, law enforcement, FAP records, medical records, and background checks conducted under Section 231 of Pub. L. 101-647 (reference (b)) (refer to PS 4.19), etc. (cross-referenced to "Assessment Distinctions," PS 4.19, above).

C4.3.4.2. Review of reports of any law enforcement investigations.

C4.3.4.3. Interviews about the incident with the perpetrator, child (victim), other minor children or adults in the household, and witnesses to the incident.

C4.3.4.4. Assessment of the current presenting problems.

C4.3.4.5. Assessment of the functioning of parents or caretakers, any minor children, and the family as a whole.

C4.3.4.6. Assessment of the medical services findings and history of the victim, offender, and others in the family, if indicated.

C4.3.4.7. Application of severity of harm measures to the victim in this, or previous, abuse incidents.

C4.3.4.8. Application of risk assessment (prediction of future risk-of-abuse).

C4.3.4.9. Assessment of the need for protection of the victim from the offender and the ability of the non-offending parent to protect and support the child.

C4.3.4.10. Assessment of whether Level-One or Level-Two Intervention services are indicated for the case. (Cross-Referenced to "Intervention and Treatment," PS 4.36 and PS 4.38, in this Chapter, below, and PS 5.30 and PS 5.32, in Chapter 5, below.)

C4.3.5. PS 4.22: Written assessment policies and procedures shall include the methods for assessing the following factors on the child abuse cases:

C4.3.5.1. History of Abuse: Offender, victim, current family, and each parent or caretaker's own personal family history of any abuse in the parental home.

C4.3.5.2. History of Substance Abuse: Offender and/or victim.

C4.3.5.3. History of Child's Ability to Protect Self from Abuse by the Offender and Other Abusers.

C4.3.5.4. Family Life-Style Factors: Family lifestyles; child-rearing patterns; and cultural, ethnic, and racial factors in families; etc.

C4.3.5.5. Family Stress Factors: Personal crisis, marital conflict, separation and/or divorce, illness or death of a family member, social isolation from family, friends or support persons, etc.

C4.3.5.6. Environmental Factors: Home, school, neighborhood, or community's impact on the family.

C4.3.6. PS 4.23: Policies and procedures shall include guidelines for how a child victim and other children in the victim's household shall be interviewed by FAP personnel. These shall include provisions for the following:

C4.3.6.1. **Interviewing the child as the primary source of information on an age-appropriate basis.**

C4.3.6.2. **Collecting information from a child in a manner to protect the child's right to privacy.**

C4.3.6.3. **Interviewing the child in a child-centered environment and not in the presence of the alleged offender.**

C4.3.6.4. **Avoiding the necessity of subjecting the child to multiple interviews.**

C4.3.6.5. Ensuring that interviews are done by qualified (Level-Two) professionals.

C4.3.7. PS 4.24: Policies and procedures shall specify when the following diagnostic assessments should be used in child abuse and sexual abuse cases. They shall be conducted by a Level-Two professional, as defined in PS 7.3 and 7.5., Chapter 7, below.

C4.3.7.1. Bio-Psychosocial History.

C4.3.7.2. Play Interviews (with anatomically correct dolls for sexual abuses cases).

C4.3.7.3. Neurological Examinations (especially for developmental disabilities).

C4.3.7.4. Psychological Testing (intelligence, personality, projective, etc.).

C4.3.7.5. Educational Testing (for learning disabilities).

C4.3.8. PS 4.25: Installation policies and procedures shall include child risk assessment factors that shall be conducted by Level-Two professionals and shall provide for the following:

C4.3.8.1. The protection of the child as paramount.

C4.3.8.2. Assurance that the most serious cases receive prompt and intensive assistance.

C4.3.8.3. Support of professional judgment and not substitute for it.

C4.3.8.4. Sensitivity to racial, ethnic, and cultural factors in the therapeutic process.

C4.3.8.5. Assistance in developing the case plan.

C4.3.8.6. Individual and sibling evaluations with attention given to individual differences.

C4.4. INITIAL CASE OR SERVICE PLAN

C4.4.1. PS 4.26: An initial case or service plan shall be developed as a result of the initial assessment within 30 days of opening the case (date the FAP received the report of alleged abuse). The case or service plan shall be written, in accordance with the policies and procedures standards for preparing case or service plans and for the FAP case record documentation of the case or service plans.

C4.4.2. PS 4.27: The family shall be engaged in using its own strengths and resources throughout the case and/or service planning process, including the following:

C4.4.2.1. Exploration of family needs and alternatives to family separation for the protection of the child.

C4.4.2.2. Identification of each family member's strengths and the use of these strengths in the treatment process.

C4.4.2.3. Development of service intervention and/or treatment goals for each family member, time-limited objectives to accomplish these goals, and target dates for completion and evaluation.

C4.4.2.4. Exploration and selection of remedial measures and resources, which are based on the differential use of professional methods, in accordance with varying family needs and dynamics.

C4.4.2.5. Development of plans to respond to family needs and problems and facilitate referral to appropriate military and civilian resources so that the approaches and responses to the family can be most effective.

C4.4.2.6. Preparation of the family for the use of the FAP and other resources.

C4.4.2.7. Development of plans for monitoring the case and for providing follow up to the case.

C4.5. ASSESSMENT OF THE NEED FOR OUT-OF-HOME PROTECTION OF THE CHILD VICTIM AND SIBLINGS

C4.5.1. PS 4.28: Installation policies and procedures shall define the conditions that must be met before a child may be considered for removal and/or return to the parents' or caretaker's home. This should be coordinated with local civilian child protective services. Written policies and procedures should reflect the philosophy that a child has the right to be with his or her own family. The protection of the child and his or her well-being must remain paramount, when determining the readiness of the parent(s) or caretaker to provide a safe environment for the child.

C4.5.2. PS 4.29: Options for, and utilization of, 24-hour emergency housing, both on and off the installation, shall be developed.

C4.6. THE FAC AND THE CRC

C4.6.1. PS 4.30: The installation commander shall appoint a FAC, which shall be a policy-making and recommending body for issues related to the installation FAP. (See Chapter 1, above, for more standards on the FAC.)

C4.6.2. PS 4.31: The CRC shall be a multidisciplinary team with members appointed in writing. When required by the volume of FAP cases and specific needs at an installation, more than one FAP CRC may be appointed to specialize in the types of cases to be reviewed (child abuse, sexual abuse, or spouse abuse).

C4.6.3. PS 4.32: Written policy and criteria shall be established for determining whether or not a child is in "imminent danger" in accordance with the installation risk-assessment tool. This information shall be conveyed by the CRC to the FAPO, military law enforcement, MTFs, and other military organizations involved in reporting, investigating, and assessing child abuse and neglect and criteria shall be based on the recommendations of the CRC(s).

C4.6.4. PS 4.33: Policies and procedures shall state the specific definitions of the status of a child abuse and/or neglect case, as follows:

C4.6.4.1. Substantiated: A case that has been investigated and the preponderance of available information indicates that abuse has occurred. This shall mean that the information that supports the occurrence of abuse is of greater weight, or more convincing, than the information that indicates that abuse or neglect did not occur.

C4.6.4.2. Suspected: A case determination is pending further investigation. Duration for a case to be "suspected," and under investigation, shall not exceed 60 days from the date of the first report of abuse or neglect.

C4.6.4.3. Unsubstantiated: A case that has been investigated and the available information is insufficient to support the allegation of child abuse and/or neglect or spouse abuse.

C4.6.4.3.1. Unsubstantiated: Did Not Occur. A case is ruled unsubstantiated, did not occur, that has been investigated and the allegation of abuse and/or neglect is unsupported. The family needs no family advocacy services.

C4.6.4.3.2. Unsubstantiated: Unresolved. A case is ruled unsubstantiated, unresolved, that has been investigated and the available information is insufficient to support the allegation of abuse and/or neglect. Referral to family support services may occur.

C4.6.5. PS 4.34: The FAP case manager and/or provider shall work with the CRC to make and document the determination of the case status as "substantiated," "suspected," or "unsubstantiated." This written documentation shall include the following:

C4.6.5.1. Documentation in the CRC meeting minutes (with protection of confidentiality) of the finding and recommendations.

C4.6.5.2. Documentation in the FAP case record of the finding and recommendations.

C4.6.5.3. Documentation of both substantiated and/or suspected and unsubstantiated findings on DD Form 2486, "Child and Spouse Abuse Incident Report."

C4.6.5.4. Documentation in a written report to the Service member's commander of the finding and recommendations on substantiated cases.

C4.6.5.5. A written response, when appropriate, by each commander to report corrective actions taken at command level.

C4.6.6. PS 4.35: The FAC CRC's responsibilities shall include the following:

C4.6.6.1. **Determine the status of the case; i.e., "substantiated," "suspected," of or "unsubstantiated."**

C4.6.6.2. Review and approve the assessment indicated by the circumstances of the FAP case.

C4.6.6.3. Review and approve the case plan.

C4.6.6.4. Review and approve either Level-One or Level-Two interventions, as indicated by the circumstances of the FAP case.

C4.6.6.5. Make recommendations to commanders regarding Service members' participation in treatment.

C4.6.6.6. As appropriate, provide case summary and recommendations when command administrative action is being planned or taken on an offender of a substantiated FAP case that is a Service member.

C4.6.6.7. As appropriate, provide clinical review and recommendations on substantiated FAP cases to the Service member's commander for use in criminal action or other legal cases.

C4.6.6.8. Monitor and advise commanders of progress in treatment.

C4.6.6.9. Determine case transfer and/or closure.

C4.6.6.10. Determine suitability for transfer (both within CONUS and OCONUS).

C4.7. LEVEL-ONE INTERVENTION SERVICES

C4.7.1. Educationally Based Programs

C4.7.1.1. PS 4.36: Level-One intervention services shall be established, which are educationally based programs. These programs shall either be provided by the FAP or be arranged to be provided by other military units, contractors, and/or other civilian service providers. These Level-One programs are generally provided in groups and shall be described in the FAP written policies and procedures.

C4.7.1.1.1. **Required Services:** Educationally based programs, or combination of programs, which address the following needs for intervention with the offender, with the non-offending parent, or the parents as a couple, shall be provided:

C4.7.1.1.1.1. Parenting.

C4.7.1.1.1.2. Stress Management.

C4.7.1.1.1.3. Child Development.

C4.7.1.1.1.4. Anger Management.

C4.7.1.1.1.5. Interpersonal Communications.

C4.7.1.1.1.6. Power and Control Issues.

C4.7.1.1.1.7. Victim Support Groups.

C4.7.1.1.1.8. Parent and/or Teen Groups.

Educationally based programs are those whose intent is to convey information and awareness to the participants in the group sessions. They provide practice exercises to increase self-awareness, but are not aimed at developing psychological insights into an individual participant's behavior. Educationally based programs primarily involve a didactic process.

C4.7.1.1.2. Support Services

C4.7.1.1.2.1. PS 4.37: The development and provision of the following Level-One interventions by the FAP, other military activities, contractors, and/or other civilian service providers shall be promoted. The installation FAP policies and procedures manual shall describe the existing programs, under what circumstances they should be used for a case, where they are located, and how referrals and/or follow-ups should be made by FAP personnel. Services marked with an asterick (*) are those of the highest priority.

C4.7.1.1.2.1.1. Chaplaincy Services.

C4.7.1.1.2.1.2. Child Day Care Services.

C4.7.1.1.2.1.3. Crisis Counseling.*

C4.7.1.1.2.1.4. Drug and Alcohol Counseling.

C4.7.1.1.2.1.5. Educational and/or Vocational Training Services.

C4.7.1.1.2.1.6. Emergency Financial Assistance.

C4.7.1.1.2.1.7. Family Planning.

C4.7.1.1.2.1.8. Financial Counseling.

C4.7.1.1.2.1.9. Healthcare Services.*

C4.7.1.1.2.1.10. In-Home Services.

C4.7.1.1.2.1.11. Housing.

C4.7.1.1.2.1.12. Parenting Education and/or Child Discipline.

C4.7.1.1.2.1.13. Recreational Services.

C4.7.1.1.2.1.14. Respite Care.*

C4.7.1.1.2.1.15. Support Groups for Adults and Adolescents.

C4.7.1.1.2.1.16. Visiting Nurse Services.*

C4.8. LEVEL-TWO INTERVENTION SERVICES

C4.8.1. Clinically Based Programs

C4.8.1.1. PS 4.38: Clinically based Level-Two programs specifically for child abuse shall be established. These programs shall either be provided by the FAP or be arranged to be provided by other military activities, contractors, and/or other civilian service providers. These Level-Two programs shall be described in the installation FAP policies and procedures manual.

C4.8.1.1.1. **Required Services:** Clinically based programs, or combination of programs, addressing the following needs shall be provided for the treatment of the offender, of the non-offending parent, the parents, couple, or children:

C4.8.1.1.1.1. Insights Into Parenting.

C4.8.1.1.1.2. Stress Insight, Reduction, and Control.

C4.8.1.1.1.3. Victim Insight and Development.

C4.8.1.1.1.4. Anger Insight, Reduction, and Control.

C4.8.1.1.1.5. Treatment of the Child.

C4.8.1.1.1.6. Interpersonal Communications Insight Development.

C4.8.1.1.1.7. Power and Control Insight.

C4.8.1.1.2. Clinically based programs are generally provided in group sessions and are those in which the intent is to provide the participant with insight into his or her own behavior utilizing the psychodynamics of the group sessions. The participants are assisted to gain an understanding of their own and other individuals' psychodynamics and behavior patterns and responses through observing and confronting others in the group sessions and in being confronted by others in the group. These programs provide practice exercises to increase self-control. The programs provide information to the participants similar to that imparted in the educationally-based programs. The clinically based programs are much less didactic and provide deeper

emotional experiences for the participants as well as helping them towards a deeper understanding of their behavior.

C4.8.1.2. PS 4.39: Educationally based programs for clients of the FAP who are involved in Level-Two intervention may be utilized, if it has been deemed that such programs would better meet the needs of the individual. The case and/or service plan shall document the reasons for this clinical decision by the FAP or the CRC. This decision shall be recorded in the FAP case record.

C4.8.2. Support Services

C4.8.2.1. PS.4.40: The development and provision of supportive services needed in Level-Two intervention services shall be promoted. Some are similar to those listed for Level-one intervention services. The supportive services may be provided by the FAP or arranged to be provided by other military activities, contractors, and/or other civilian service providers. The installation FAP policies and procedures manual shall describe the existing programs, and how they should be used in a resource manual made available to all FAP personnel. Services marked-with an asterick (*) are those of the highest priority.

C4.8.2.1.1. Adoption Services.

C4.8.2.1.2. Chaplaincy Services.

C4.8.2.1.3. Child Day Care Services.

C4.8.2.1.4. Children's Shelter.*

C4.8.2.1.5. Crisis Counseling.*

C4.8.2.1.6. Educational and/or Vocational Training Services.

C4.8.2.1.7. Emergency Financial Assistance.

C4.8.2.1.8. Family Planning.

C4.8.2.1.9. Foster Family Care Services.*

C4.8.2.1.10. Financial Counseling.

C4.8.2.1.11. Healthcare Services.*

C4.8.2.1.12. In-Home and/or Parent Aide Services.*

C4.8.2.1.13. Recreational Services.

C4.8.2.1.14. Residential Care and Treatment services.

C4.8.2.1.15. Respite Care.*

C4.8.2.1.16. Support Groups for Adults and Adolescents.

C4.8.2.1.17. Visiting Nurse Services.*

C4.8.2.2. PS 4.41: Treatment services shall be developed that are appropriate for treating offenders, victims, and other members of the household who are in need of Level-Two intervention services involving counseling and psychotherapy. The FAP shall provide such services, or have arrangements with other military activities, contractors, and/or other civilian service providers for such therapeutic services. The FAP policies and procedures shall describe the various therapeutic services provided, under what circumstances, and when, where, and how referrals and/or follow-ups should be made when these services are provided outside of the FAP. These Level-Two therapeutic services shall include the following:

C4.8.2.2.1. Counseling.

C4.8.2.2.2. Psychological Services.

C4.8.2.2.3. Individual Psychotherapy.

C4.8.2.2.4. Psychiatric Services (includes In-Patient Services).

C4.8.2.2.5. Group Psychotherapy for Adults and Adolescents.

C4.8.2.2.6. Drug and Alcohol Counseling.

C4.8.2.2.7. Family Therapy.

C4.8.2.2.8. Conjoint Therapy for Couples.

C4.8.2.2.9. Play Therapy for Children.

C4.8.2.2.10. Victims Groups.

C4.9. TERMINATION OF FAP SERVICES IN CHILD ABUSE/NEGLECT CASES

PS 4.42: Policies and procedures shall be established to specify that the decision to terminate the FAP services for a child abuse case shall be based on a current risk assessment, on determinations that there has been progress in the treatment of the offender(s) and victim(s), and that the treatment objectives for the case have been met. These shall be documented by the case manager in the case record. The case closing for these reasons or for any other shall be reviewed and approved by the CRC.

C5. CHAPTER 5

INTERVENTION AND TREATMENT IN SPOUSE ABUSE CASES

C5.1. GENERAL

C5.1.1. **PS 5.1: Spouse use shall be defined as "assault, battery, threat to injure or kill, other act of force or violence, or emotional maltreatment inflicted by one spouse or the other." A spouse under 18 years of age shall be treated as spouse abuse.** (Cross-referenced to "Intervention and Treatment," PS 5.1.11 through 5.1.14, below.)

C5.1.2. PS 5.2: Policies and procedures shall define a case, as a "single victim." Individual cases of members of the same family shall be linked (i.e., by the sponsor's identification number or some other method). The initial incident and any subsequent incidents of maltreatment of the same victim shall constitute a single case. An incident shall be defined in the installation FAP policies and procedures, as "an occurrence that may include one or more types of abuse of a spouse." (See PSs 5.11 through 5.14, below.) (DoD Instruction 6400.2, reference (a).)

C5.1.3. PS 5.3: Early identification and intervention in cases of alleged spouse abuse shall be promoted (DoD Directive 6400.1, reference (c)).

C5.1.4. PS 5.4: Access for all eligible family members to medical services provided by appropriately trained personnel shall be ensured (reference (c)).

C5.1.5. PS 5.5: Policies and procedures shall exist to ensure that commanders have timely access to case information when considering appropriate disposition of allegations including the following:

C5.1.5.1. Military performance and potential for further useful service.

C5.1.5.2. Prognosis for treatment, as determined by a clinician with expertise in the diagnosis and management of the spouse abuse at issue.

C5.1.5.3. Extent to which the alleged offender accepts responsibility for his or her behavior and expresses a genuine desire for treatment.

C5.1.5.4. Other factors considered to be appropriate for the command (reference (a)).

C5.2. ASSESSMENT OF SPOUSE ABUSE CASES

C5.2.1. PS 5.6: Policies and procedures shall be established to ensure that the protection of the alleged victim of spouse abuse and any minor children in the household shall be given first priority in providing (either through the FAP or through other resources) investigatory, assessment, intervention, and treatment services.

C5.2.2. PS 5.7: Guidelines shall define when a victim of spouse abuse shall be referred to a shelter. These policies shall be in the FAP policies and procedures and shall protect the right of the adult victim to make the final decision about moving temporarily to a shelter for the victim's protection.

C5.2.3. PS 5.8: Criteria shall recommend when the offender in a spouse abuse incident who is a Service member, shall be removed from the home, on a temporary basis, pending a full investigation and assessment of the case. Policies and procedures shall also define the criteria for recommending when the offender may be returned to the family home.

C5.2.4. PS 5.9: Policies and procedures shall establish that the spouse victim of abuse, who has been referred to a shelter for the victim's protection from the offender, shall be informed of any risks of returning home as well as other living arrangements to consider in deciding to leave the safety of the shelter.

C5.2.5. PS 5.10: The Service directive shall include criteria to determine the severity of the harm done to the victim of spouse abuse, the seriousness of the allegation(s), and the risk factors for future spouse abuse by the alleged offender. Harm shall be defined, as "any physical or mental injury or condition of a spouse allegedly caused by an act of the offender." Severity of harm shall be defined, as "the degree of danger posed by past and present injuries allegedly caused by the acts of the offender." Risk shall be defined, as "the potential for harm of the victim of spouse abuse; imminent, threatened, or otherwise, without regard to whether the spouse abuse can be documented."

C5.2.6. PS 5.11: Physical spouse abuse shall be defined, as "use of physical force to intimidate, control, or force a spouse to do something against his or her will." This may include grabbing, pushing, holding, slapping, choking, punching, sitting or standing on, kicking, hitting with objects, and assaults with knives, firearms, or other weapons.

C5.2.7. PS 5.12: Sexual abuse shall be defined, as "the forcing of the spouse by the offender to engage in any sexual activity through the use of physical violence, intimidation, the explicit or implicit threat of future violence, or abuse if the offender's advances are refused."

C5.2.8. PS 5.13: Property violence by a spouse abuse offender shall be defined, as "property damage that usually occurs as a means to scare or intimidate." It includes, but is not limited to, the breaking of property, putting a fist or foot through a wall or door, throwing food, breaking dishes, and damaging automobiles.

C5.2.9. PS 5.14: Psychological violence by a spouse abuse offender shall be defined, as "one or more of the following behaviors: explicit or implicit threats of violence, extreme controlling types of behavior, extreme jealousy, mental degradation (name calling, etc.), and isolating behavior." The intent of the abuser is to intimidate the victim.

C5.3. ASSESSMENT DISTINCTIONS

C5.3.1. PS 5.15: Policies and procedures shall exist that define the basic standards for assessing a spouse abuse case. The assessment shall be done by a Level-Two professional, as defined in PSs 7.3 and 7.5, Chapter 7, below, and shall include, but not be limited to, the following:

C5.3.1.1. Background checks of previous abuse incidents recorded in the Service Central Registry, law enforcement, FAP records, medical records, etc. (Cross-referenced, to "Assessment Distinctions," PS 5.20, below.)

C5.3.1.2. Review of reports of any law enforcement investigations.

C5.3.1.3. Interviews about the incident with the perpetrator, spouse (victim), minor children in the household, and witnesses to the incident.

C5.3.1.4. Assessment of the current presenting problems.

C5.3.1.5. Assessment of the functioning of individuals, the spouses, any minor children, and the family as a whole.

C5.3.1.6. Assessment of the medical services' findings and history of the victim, offender, and others in the family, if indicated.

C5.3.1.7. Application of severity of harm measures to the victim in this, or previous, abuse incidents.

C5.3.1.8. Application of risk assessment (prediction of future risk-of-abuse).

C5.3.1.9. Assessment of the need for protection of the victim from the offender.

C5.3.1.10. Assessment of whether Level-One or Level-Two intervention services are indicated for the case.

C5.3.2. PS 5.16: Policies and procedures for the assessment shall include the methods for assessing the following factors of the spouse abuse case:

C5.3.2.1. History of Abuse: Offender, victim, current family, and each person's family of origin history of any abuse in the parental or other caretakers' home.

C5.3.2.2. History of Substance Abuse: Offender and victim.

C5.3.2.3. History of Victim's Ability to Protect Self from Abuse by the Offender.

C5.3.2.4. Marital and Family Lifestyle Factors: Marital relationships styles; family lifestyles; cultural, ethnic, and racial factors; etc.

C5.3.2.5. Marital and Family Stress Factors: Personal crisis, marital conflict, divorce, illness or death of a close family member, blended or stepparent family composition, social isolation from extended family, friends, support persons, Americanization of a spouse, and/or language barriers, etc.

C5.3.2.6. Environmental Factors: Home, neighborhood, or community's impact on the couple and/or the family.

C5.3.3. PS 5.17: Policies and procedures shall state how and by whom the victim of spouse abuse and any minor children residing in the household shall be interviewed and/or observed, as is appropriate for the age(s) of the child(ren), by FAP personnel:

C5.3.3.1. Interviewing of the victim of alleged spouse abuse shall be the primary source of information.

C5.3.3.2. Interviewing of the minor children residing in the household, if age appropriate, or observing the children, if not interviewed, on a planned basis.

C5.3.3.3. Collecting information from the victim and from the minor children shall be done in such a manner as to protect their right to privacy.

C5.3.3.4. The interview shall be done by a Level-Two professional, as defined in PSs 7.3 and 7.5, Chapter 7, below.

C5.3.4. PS 5.18: The spouse abuse risk-assessment factors in the Service or installation policies and procedures, shall be done by a Level-Two professional as defined in PSs 7.3 and 7.5, Chapter 7, below, and shall provide for the following:

C5.3.4.1. The protection of the victim and minor children in the household.

C5.3.4.2. Assurance that the most serious cases receive prompt and intensive assistance.

C5.3.4.3. Support of professional judgment and not substitute for it.

C5.3.4.4. Sensitivity to racial, ethnic, and cultural factors in the therapeutic process.

C5.3.4.5. Assistance in developing the case or service plan.

C5.3.4.6. Individual assessments of the offender, victim, and any minor children.

C5.3.5. PS 5.19: Risk assessment shall be defined in the Service and installation policies and procedures. This shall include risk assessment as a clearly defined process that uses interviews, observations, and evidence to develop an accurate, reliable, relevant understanding (and written description) of whether or not the victim is safe and unlikely to be harmed by the offender in the near future. Risk assessment cannot definitively predict behavior, but can reduce accuracy to errors in judgment and may be studied over time to lend more prediction. Risk assessment shall identify both strengths as well as problems and limitations. Therefore, it is used in both protection and treatment decisions.

C5.3.6. PS 5.20: Policies and procedures shall define the assessment information sources that are required to be contacted and utilized in doing an assessment of a spouse abuse case. These shall include, but not be limited to, the following:

C5.3.6.1. Background information checks from both computer and other record keeping systems to include the Service Central Registry, criminal identification data banks, FAP records, medical records, and housing complaint records, etc.

C5.3.6.2. Collateral contacts that have relevant information about either or both the offender and the victim of spouse abuse. Also, any relevant collateral sources for any minor children residing in the household, if indicated.

C5.3.7. PS 5.21: In doing the assessment and determining risk, recantation by the victim shall be considered a fact and part of the information on the case. It shall not, in and of itself, be used to conclude that the incident did not occur.

C5.4. INITIAL CASE OR SERVICE PLAN

C5.4.1. PS 5.22: An individual case or service plan shall be developed by the case manager within 30 days of the opening of the case (the date the FAP received the report of alleged spouse abuse). The case or service plan shall be prepared and written, in accordance with the FAP policies and procedures standards and shall be documented in the FAP case record.

C5.4.2. PS 5.23: The offender and the victim of spouse abuse shall be engaged in using their own strengths and resources throughout the case or service planning process, including the following:

C5.4.2.1. Exploration of the needs of each spouse, and how best to protect the victim.

C5.4.2.2. Identification of each spouse's strengths and the use of the strengths in the problem-solving process.

C5.4.2.3. Development of Service intervention and/or treatment goals for each spouse (and other family members, if needed), tasks to accomplish these goals, and target dates for completion and evaluation.

C5.4.2.4. Exploration and selection of remedial measures and resources that are based on the differential use of professional methods, in accordance with varying needs and dynamics of each spouse and other family members.

C5.4.2.5. Development of plans for interpreting the needs and problems of both the offender and the victim to appropriate military and civilian resources so that their approaches to the individual spouses can be most effective.

C5.4.2.6. Preparation of the offender and the victim for the use of the FAP and other resources.

C5.4.2.7. Development of plans for monitoring the case and for providing follow up to the case.

C5.5. ASSESSMENT OF THE CONTINUING NEED FOR FAP SERVICES, INCLUDING THE RETURN HOME OF THE SPOUSE

PS 5.24: Guidelines shall be established for assisting the victim in considering returning home to be with the offender, as well as the offender's return home to the family. The spouse victim is free to make this choice, but should be informed, before making the decision, about the conditions that should be met for the victim's protection on returning home and again being with the offender. If there are minor children involved, the spouse victim shall make the decision about their returning home when no child abuse allegation has been made nor any FAP child abuse case opened. (Cross-referenced to "Assessment," PSs 5.7 through 5.9, above.)

C5.6. THE FAC AND THE CRC

C5.6.1. PS 5.25: Policies and procedures shall incorporate criteria, based on the recommendations of the CRC, for determining whether or not a spouse victim is in "imminent danger" and shall convey this to the FAP, military law enforcement, the MTFS, and other DoD organizations involved in reporting, investigating, and assessing spouse abuse.

C5.6.2. PS 5.26: A review all of the available case material shall be done and a determination made of "substantiated," "suspected," or "unsubstantiated" for each case. Recommendations shall be made to the Service member's commander on referral to a specific treatment program. Monitoring shall be done and the commander advised of progress in treatment (DoD Directive 6400.1, reference (c)).

C5.6.3. PS 5.27: Policies and procedures shall use the following specific definitions of the status of a spouse abuse case:

C5.6.3.1. **Substantiated:** A case that has been investigated and the preponderance of available information indicates that abuse has occurred. This shall mean that the information that supports the occurrence of abuse is of greater weight or more convincing than the information that indicates that abuse or neglect did not occur. These are sometimes referred to as "founded" cases.

C5.6.3.2. **Suspected:** A case determination is pending further investigation. Duration for a case to be "suspected" and under investigation shall not exceed 60 days from the date of the first report of abuse.

C5.6.3.3. **Unsubstantiated:** A case that has been investigated and the available information is insufficient to support the allegation of child abuse and/or neglect or spouse abuse.

C5.6.3.3.1. **Unsubstantiated: Did Not Occur.** A case is ruled unsubstantiated, did not occur, that have been investigated and the allegation of abuse and/or neglect is unsupported. The family needs no family advocacy services.

C5.6.3.3.2. **Unsubstantiated: Unresolved.** A case is ruled unsubstantiated, unresolved, that has been investigated and the available information is insufficient to support the allegation of abuse and/or neglect. Referral to family support services may occur.

C5.6.4. PS 5.28: The determination of the case status, as "substantiated," "suspected," or "unsubstantiated" shall be documented. This written documentation shall include the following:

C5.6.4.1. Documentation in the CRC meeting minutes (with protection of confidentiality) of the finding and recommendations.

C5.6.4.2. Documentation in the FAP case record of the finding and recommendations.

C5.6.4.3. Documentation of substantiated, suspected, and unsubstantiated findings on DD Form 2486 ("Child/Spouse Abuse Incident Report").

C5.6.4.4. Documentation in a written report to the Service member's commander of the finding and recommendations, in accordance with the Service directives.

C5.6.5. PS 5.29: The CRC's responsibilities shall include the following:

C5.6.5.1. **Determine the status of the case: "Substantiated," "suspected," or "unsubstantiated."**

C5.6.5.2. Review and approve all case or service plans, based on current assessments of the cases, which state the case goals and objectives for providing appropriate and timely FAP intervention and treatment services.

C5.6.5.3. Review and make recommendations, as appropriate, to commanders on command administrative actions being planned for active duty Service members involved in FAP cases, in accordance with Service directives.

C5.6.5.4. Review and make recommendations, as appropriate, on criminal action being contemplated against an offender of a substantiated FAP case by military or civilian law enforcement agencies or judicial officers when requested, and in accordance with Service directives.

C5.6.5.5. Approve case closures (cross-referenced to "Case Closing," PS 6.19, Chapter 6, below).

C5.7. LEVEL-ONE INTERVENTION SERVICES

C5.7.1. PS 5.30: Educationally based programs shall be established. **These programs shall either be provided by the FAP or be arranged to be provided by other military activities, contractors, and/or other civilian service providers.** These educationally based programs shall be described in the installation FAP policies and procedures. Educationally based programs are intended to convey information and awareness to the participants, generally in group sessions. They provide practice exercises to increase self-awareness, but are not aimed specifically at developing psychological insights into an individual participant's behavior. They use primarily an educational process. They may require group participants' "contracts," which spell out the group participation standards and consequences of a failure to meet such standards. Educationally based programs are brief, time-limited programs.

C5.7.1.1. Required Educationally Based Programs: Educationally based programs, or combinations of programs, generally are provided through group sessions and shall address the following needs for intervention with the offenders and the victims of spouse abuse:

C5.7.1.1.1. Stress Management.

C5.7.1.1.2. Anger Management.

C5.7.1.1.3. Interpersonal Communications.

C5.7.1.1.4. Support Groups.

C5.7.1.1.5. Power and Control Issues.

C5.7.1.2. Some illustrative topics and activities involved in such required educationally based programs are as follows:

C5.7.1.2.1. Understanding the dynamics of violence and the cycle of violence.

C5.7.1.2.2. Self-observation of individual "behavior cycles" that precede, occur with, and follow violent events.

C5.7.1.2.3. Identification of stresses in interpersonal relationships and the military environment that may stimulate anger reactions.

C5.7.1.2.4. Cognitive restructuring of irrational belief systems and faulty thinking styles.

C5.7.1.2.5. Recognizing and combating destructive anger-producing self-talk styles.

C5.7.1.2.6. Developing an understanding of the differences of learned responses to stress of males and females.

C5.7.1.2.7. Skills training in developing alternatives to violent behavior.

C5.7.1.2.8. Developing constructive communication patterns.

C5.7.1.2.9. Training in relaxation techniques.

C5.7.1.2.10. Recognizing the difference between aggressiveness and assertiveness.

C5.7.1.2.11. Utilizing an "anger log or diary" to record behavior and reactions to stress and anger-producing situations.

C5.7.2. PS 5.31: The following Level-One intervention and support services shall be developed and promoted by the installation, the FAP, other military activities, contractors, and/or civilian service providers: (The installation FAP policies and procedures shall describe the existing programs, under what circumstances they should be used for a case, where they are located, and how referrals and/or follow ups shall be made by FAP personnel. Those services marked with an asterisk (*) indicate those of the highest priority.)

C5.7.2.1. Chaplaincy Service.

C5.7.2.2. Child Day-Care Services.

C5.7.2.3. Crisis Counseling.*

C5.7.2.4. Drug and Alcohol Counseling.*

C5.7.2.5. Educational and/or Vocational Training Services.

C5.7.2.6. Emergency Financial Assistance.

C5.7.2.7. Financial Counseling.

C5.7.2.8. Healthcare Services.*

C5.7.2.9. In-home Services.

C5.7.2.10. Housing.

C5.7.2.11. Recreational Services.

C5.7.2.12. Respite Care* (emergency, crisis, and protective).

C5.7.2.13. Support Groups for Adults and Older Children.

C5.7.2.14. Visiting Nurse Services.

C5.7.2.15. Women's Shelter, Safe House, and/or Hospital Shelter Care.*

C5.8. LEVEL-TWO INTERVENTION SERVICES

C5.8.1. PS 5.32: Clinically based Level-Two intervention services shall be appropriate for treating spouse abuse offenders, victims, and any minor children in the household who may require treatment services involving counseling and psychotherapy. **The FAP shall provide such services or arrange with other military activities, contractors, and/or other civilian service providers to provide such therapeutic services.** The FAP policies and procedures shall specify the criteria for the selection of the appropriate treatment service and how referrals and follow ups shall be made when such treatment services are provided by resources outside of the FAP. Should the appropriate treatment for a spouse abuse case not be provided for some reason, this decision and reason shall be documented in the case record. The types of options for these counseling and psychotherapeutic treatment services may include the following:

- C5.8.1.1. Counseling.
- C5.8.1.2. Individual Psychotherapy.
- C5.8.1.3. Psychological Services.
- C5.8.1.4. Psychiatric Services (including In-Patient Services).
- C5.8.1.5. Group Psychotherapy for Adults and Older Children.
- C5.8.1.6. Drug and Alcohol Counseling.
- C5.8.1.7. Family Therapy.
- C5.8.1.8. Conjoint Therapy for Couples.
- C5.8.1.9. Play Therapy for Children.

C5.8.2. PS 5.33: Clinically based Level-Two programs shall be described in the installation FAP policies and procedures.

Clinically-based Programs: Clinically based programs, generally provided in group sessions, are intended to provide the participants with insight into their own behavior, using the psychodynamics of the group sessions. The participants are assisted to gain an understanding of their own and other individuals' psychodynamics and behavior patterns and responses through observing and confronting others in the group sessions and in being confronted themselves by others in the group. These programs provide practice exercises to increase self-control. The programs provide information to the

participants, similar to that imparted in the Level-One educationally based programs (described in PS 5.29, above). However, the Level-Two clinically based programs are much less didactic and provide deeper emotional experiences for the participants, as well as help them achieve a deeper understanding that the abusive behavior of the offender is unacceptable and how to control it. These clinically based programs shall be for spouse abuse offenders, victims, and minor children in the household, when appropriate. The clinically based programs shall include, but not be limited to, programs that address the issues in and causes of spouse abuse, techniques for dealing with spouse abuse and its consequences, techniques for dealing with spouse abuse, and the impact of spouse abuse on the offender, spouse victim, any minor children in the house-hold, and any other witnesses to the abusive incident(s).

C5.8.3. PS 5.34: Level-Two intervention supportive services shall be developed, provided, and promoted by the installation. Some are similar to those listed in the Level-One intervention supportive services described in PS 5.30, above. The supportive services may be provided by the FAP or arranged to be provided through other military activities, contractors, and/or other civilian service providers. The installation FAP policies and procedures shall describe the existing programs, under what circumstances they should be used for a case, where they are located, and how referrals and follow ups should be made by FAP personnel. Those services marked with an asterisk indicate those of the highest priority.

C5.8.3.1. Chaplaincy Services.

C5.8.3.2. Child Day Care Services.

C5.8.3.3. Crisis Counseling* (for Adults and Children).

C5.8.3.4. Educational and/or Vocational Training Services.

C5.8.3.5. Emergency Financial Assistance.

C5.8.3.6. Financial Counseling.

C5.8.3.7. Healthcare Services.*

C5.8.3.9. Recreational Services.

C5.8.3.10. Respite Care.*

C5.8.3.12. Visiting Nurse Services.

C5.8.3.13. Women's Shelter, Safe House, and/or Hospital Shelter Care.

C5.9. TERMINATION OF FAP SERVICES IN SPOUSE ABUSE CASES

PS 5.35: Policies and procedures shall specify that the decision to terminate the FAP services for a spouse abuse case shall be based on a current risk assessment, and on determination that there has been progress in the treatment of the offender and victim(s), and that the treatment objectives for the case have been met. These shall be documented by the case manager in the case record. The case closing for these reasons or for any other shall be reviewed and approved by the CRC.

C6. CHAPTER 6

CASE ACCOUNTABILITY IN FAP CASES

C6.1. CASE MANAGEMENT

C6.1.1. PS 6.1: A case accountability system shall be established for all FAP cases. It shall include roles and responsibilities, policies, procedures, and relevant definitions for each of the following:

C6.1.1.1. Case management process.

C6.1.1.2. Role of case manager.

C6.1.1.3. Intake.

C6.1.1.4. Assessment.

C6.1.1.5. Case services and plans.

C6.1.1.6. Case substantiation.

C6.1.1.7. Case review.

C6.1.1.8. Case closing.

C6.1.1.9. Case follow up.

C6.1.1.10. Case records.

C6.1.1.11. Case confidentiality.

C6.1.2. PS 6.2: A case manager from the FAP staff shall be assigned for each FAP case immediately on entry of the case to the FAP system.

C6.1.3. PS 6.3: Guidelines for how the FAP shall manage its cases shall be developed and distributed to all relevant military and community agencies.

C6.1.4. PS 6.4: Case management is the monitoring of each FAP case from entry into until exit from the FAP system and the regulation and coordination of services provided to spouse and child abuse clients. Specific aspects shall include the following:

C6.1.4.1. Determination and assurance of client safety.

C6.1.4.2. Establishment and monitoring of case assessments, substantiation, plans, and services.

C6.1.4.3. Completion and maintenance of forms, reports, and records.

C6.1.4.4. Communication and coordination with relevant agencies and professionals on the case.

C6.1.4.5. Case review and advocacy.

C6.1.4.6. Case counseling with client and other direct services.

C6.1.4.7. Case transfer and closing.

C6.2. THE ROLE, AUTHORITY, AND RESPONSIBILITY OF THE CASE MANAGER

PS 6.5: The case manager shall have the primary responsibility for implementation of case management services for assigned FAP cases, as defined in the installation FAP case accountability system. These services shall be provided on entry of the case into the FAP system through case closure.

C6.3. CASE OR SERVICE PLANS

C6.3.1. PS 6.6: An intake service shall be provided, whose functions include the following:

C6.3.1.1. Receipt of all reports of spouse and child abuse and the identification of cases ("Case Identification").

C6.3.1.2. Initial assessment.

C6.3.1.3. Appropriate notification, in accordance with installation guidelines.

C6.3.1.4. Follow up with referral source.

C6.3.1.5. Emergency response (risk assessment) within 40 hours of report.

C6.3.1.6. Case assignment.

C6.3.2. PS 6.7: The installation FAP intake service shall accept every report of abuse and determine the intervention necessary for the protection of the child or adult victim by the FAP, according to established FAP criteria, or provide information and referral services to the more appropriate professional or agency. The referral source shall be notified of the FAP's decision to provide (or not to provide) services and why, within the guidelines for confidentiality.

C6.3.3. PS 6.8: All reports of abuse or neglect shall result in the opening of a case. An initial assessment shall be conducted and case management services shall be provided on all cases. The status of the case may change based on the investigation or initial assessment.

C6.3.4. PS 6.9: The assigned FAP case manager shall have the responsibility for presenting information from the law enforcement investigation reports to the appropriate CRC for case review, planning, and making a determination on the status of the case ("substantiated," "suspected," or "unsubstantiated").

C6.3.5. PS 6.10: The appropriate CRC shall review all open FAP cases and, based on all available evidence, determine the status of the cases, according to established criteria for substantiated, suspected, and unsubstantiated abuse cases.

C6.3.6. PS 6.11: Specific and immediate time frames shall be established for the initial assessment and initial case plan for child and spouse abuse cases that are in accordance with DoD Directive 6400.1 (reference (c)) and acceptable standards of practice. The assigned case manager has the responsibility to monitor provision of these services and report this information to the appropriate CRC. This report may occur after these services have been provided, based on the unique needs of the case and the applicable risk and protection standards.

C6.3.7. PS 6.12: The assigned case manager shall develop a case service plan in collaboration with the client(s) (offender(s), victim(s), and other minor children when appropriate), based on referral and investigative information, the initial assessment, and outcome of the initial case plan and family assessment. The case or service plan shall contain specific goals, time frames, and coordination of necessary resources and services. The case plan should be modified or revised, according to continuing assessment and as circumstances in the case change.

C6.3.8. PS 6.13: The assigned case manager shall present the case or service plan to the CRC for approval, and implement resulting service recommendations.

C6.3.9. PS 6.14: The designated CRC (spouse or child abuse) shall review and approve the case plan and make specific service recommendations with the goal of stabilizing families and eliminating the domestic violence.

C6.3.10. PS 6.15: Each active FAP case shall be reviewed regularly by the appropriate CRC, in accordance with specific time frames (at least every 90 days) and criteria established by the FAPO. Cases to be reviewed shall include those families considered to be "at risk for further abuse," and "cases between installations." The case manager has the responsibility for presenting each case and its progress to the CRC, along with modifications of goals and recommendations for the case. The CRC shall add recommendations for the goals, services, and time frames of the treatment plan to be implemented by the case manager. Recommendations to the commanders shall be made on participation, continuation of services, or recommended administrative action.

C6.3.11. PS 6.16: The case manager shall be required to monitor the case, even when the case is being served by a local jurisdiction or community agency. This standard shall be specified in the pertinent MOU.

C6.3.12. PS 6.17: Continuity of services, feedback, and follow up shall be ensured in active FAP cases that are transferred to other installations, branches of Service, case managers and/or counselors or to civilian agencies. These shall be ensured through the development of policies, procedures, and responsibilities on the transfer of cases, including the following:

C6.3.12.1. Development of case psychosocial history, summary, assessment, and recommendations.

C6.3.12.2. Preparation of client and/or family leading to transfer.

C6.3.12.3. Recommendations on transfers (CONUS and OCONUS).

C6.3.12.4. Notification and information to the gaining installation FAP.

C6.3.12.5. Feedback to originating installation after relocation has occurred.

C6.3.12.6. Completion and transfer of records and forms within timeframes to reduce risk of victims.

C6.3.12.7. Identification of needed versus available supports and services.

C6.3.12.8. Case conference (or case review with the CRC) on continued services and necessary protective standards.

C6.3.12.9. Movement and/or separation of the child in child abuse cases.

C6.3.12.10. Protection of victims.

C6.3.12.11. Specific timeframes for materials due to the gaining installation.

C6.3.13. PS 6.18: The case manager shall have the primary responsibility and oversight for implementing the case transfer process.

C6.4. CASE CLOSING

C6.4.1. PS 6.19: Criteria shall exist for closing of FAP cases. These criteria may not be arbitrary in nature, but will be determined through regular case review, case progress, and client need. Services should also be terminated when a report has been found to be "unsubstantiated" and no other services have been deemed necessary. Guidelines for closing of cases shall include the following:

C6.4.1.1. When possible, involvement of the family and/or client in the decision-making and preparation for termination of services.

C6.4.1.2. Planning with other agencies and professionals involved in the case.

C6.4.1.3. Case closure decisions by the case manager and the CRC.

C6.4.1.4. Consideration of necessary community supports and referrals.

C6.4.1.5. Completion of required forms and summaries for case records.

C6.4.1.6. No longer eligible beneficiaries. Referrals to civilian programs shall be made when possible.

C6.4.1.7. Unsuccessful treatment with administrative action indicated.

C6.4.2. PS 6.20: The case manager shall have the primary responsibility for implementing case closures.

C6.4.3. PS 6.21: After a case is closed, support services shall be available to ensure the stability of the client or family. These support (follow-up or aftercare)

services may not be imposed, and should involve the identification of, and referral to, available relevant services.

C6.5. CASE RECORDS

C6.5.1. PS 6.22: Policies and procedures shall exist governing case records and guidelines for case recording to achieve case goals. Policies shall include the following:

C6.5.1.1. Format and content of the record.

C6.5.1.2. Receiving and releasing information.

C6.5.1.3. Access to case information and related circumstances.

C6.5.1.4. Plans governing record retention and destruction.

C6.5.1.5. Case storage.

C6.5.1.6. Use of records for research, teaching, and/or training.

C6.5.1.7. Use of records for command or law enforcement officials.

C6.5.1.8. Use of records for public relations.

C6.5.1.9. Computerized record keeping.

C6.5.1.10. Adherence to the "Privacy Act of 1974," (Pub. L. No. 93-579) (reference (e)) and DoD and Military Department guidance implementing that Act.

C6.5.2. PS 6.23: A case record shall be prepared for each initial report of child or spouse abuse. Each subsequent incident shall be documented in the case record.

C6.5.3. PS 6.24: The case manager shall have primary responsibility and oversight for the development, documentation, and maintenance of case records.

C6.5.4. PS 6.25: The content of the case record shall include specific and accurate client material on the client's situation and service delivery, and shall be in a format that is easily understood. Specific content shall comply with DoD Directives and Service and installation directives, and shall include, but not be limited to, the following:

- C6.5.4.1. Nature of problem presented or request made (nature of abuse).
- C6.5.4.2. History of abuse (offender(s) and victim).
- C6.5.4.3. What client (offender, victim, or family) has done about the problem.
- C6.5.4.4. Client attitude on problem and treatment.
- C6.5.4.5. Worker assessment, plans, and time frames.
- C6.5.4.6. Progress of the case (to include case status and/or determination).
- C6.5.4.7. Family members' identifying information:
 - C6.5.4.7.1. Names.
 - C6.5.4.7.2. Addresses.
 - C6.5.4.7.3. Telephone numbers.
 - C6.5.4.7.4. Relatives and friends.
 - C6.5.4.7.5. Legal authorization (medical, Privacy Act (reference (e)), and consent for release of information, etc.).
- C6.5.4.8. Date of case opening, referral information, and case closing.
- C6.5.4.9. Relevant factual information regarding health, housing, income, and employment.
- C6.5.4.10. Periodic case summaries and documentation.
- C6.5.4.11. Applicable forms.
- C6.5.4.12. Documentation of examination.
- C6.5.4.13. Photographs.
- C6.5.4.14. Notification of commander.
- C6.5.4.15. Legal documentation.

C6.5.5. PS 6.26: A system of assessing and monitoring the content of case records shall be established.

C6.5.6. PS 6.27: Policies and procedures shall exist on the offender's or victim's access to the case records.

C6.5.7. PS 6.28: All case records shall be stored in the FAP office in a secure storage area.

C6.5.8. PS 6.29: All installation FAP case records shall be treated as "confidential" in accordance with DoD Directives 6400.1 (reference (c)) and 5400.11 (reference (d)), Service and installation guidelines.

C6.5.9. PS 6.30: Case records for closed and unfounded cases shall be handled, in accordance with DoD Directive 5400.11 (reference (d)) and Service directives.

C6.6. CONFIDENTIALITY OF FAP CASES

C6.6.1. PS 6.31: FAP cases shall be treated as "confidential" and only be released to sources authorized in DoD Directive 6400.1 (reference (c)), and installation policies. As a matter of policy, the Department of Defense will also voluntarily adhere to the substantive provisions of applicable State laws, although the Department of Defense is not subject to them.

C6.6.2. PS 6.32: In cases involving minors, written policies shall be developed on the involvement of parents during the time that the minor client is receiving services from or through, the FAP. While the parents' rights shall not be violated, the protection of the minor client shall be the primary concern.

C6.6.3. PS 6.33: Policies and procedures shall exist that ensure that FAP personnel discuss fully with clients why information is being gathered, circumstances under which information shall be released and whether the client shall have the opportunity to check the facts for accuracy. Sharing of information with individuals or organization (military or civilian) shall occur when professional judgment indicates that it is in the best interest of the victim or family, when the offender poses a threat to the larger community, and when there is a need to know. The FAP's responsibility under DoD Directive 5400.11 (reference (d)) shall be maintained. These policies shall be established, in accordance with DoD and Service directives.

C6.6.4. PS 6.34: Policies shall exist governing FAP personnel authorized to request Central Registry information. (The Central Registry is responsible for monitoring the access and retrieval of case information). The installation FAP personnel shall be aware of these policies and Service members seeking information shall be informed about these policies.

C7. CHAPTER 7

STAFFING FOR THE FAP SERVICES

C7.1. QUALIFICATIONS AND CREDENTIALS

C7.1.1. PS 7.1: The Installation shall comply with the requirements of DoD, Service, and installation directives for the qualifications and credentials of professional personnel providing FAP services.

C7.1.2. PS 7.2: The FAP professional personnel shall function as members of: multi-disciplinary teams involving FAP cases.

C7.1.2.1. Level-One Intervention Services Professionals

C7.1.2.1.1. Practitioners for Level-One Intervention Services

C7.1.2.1.1.1. PS 7.3: Minimum qualifications for FAP professional practitioners engaged in providing Level-One intervention services shall be established, as described in this standard, below. Personnel with less than the qualifications for the Level-Two intervention services shall be excluded from doing assessments and mental health counseling services except as a co-counselor with a privileged (cross-referenced to "Staffing," PS 7.1, above.)

C7.1.2.1.1.1.1. Education:

C7.1.2.1.1.1.1.1. Bachelor of Social Work degree.

C7.1.2.1.1.1.1.2. Bachelor of Psychology degree.

C7.1.2.1.1.1.1.3. Bachelor of Marriage, Family and Child
Counseling degree.

C7.1.2.1.1.1.1.4. Bachelor of Counseling or Behavioral
Science degree.

C7.1.2.1.1.1.2. Experience: Minimum of 2 years of experience in family and children's services post-Bachelor degree.

C7.1.2.1.1.1.3. Supervision: Must be supervised by a Master's degree-level supervisor.

C7.1.2.1.2. Supervisors of Level-One Professional Personnel

C7.1.2.1.2.1. PS 7.4: A supervisor of professional FAP personnel shall have the minimum qualifications and credentials as described below in subparagraph C7.1.2.1.2.1.1. through C7.1.2.1.2.1.3., below:

C7.1.2.1.2.1.1. Education:

C7.1.2.1.2.1.1.1. Master of, or Doctoral degree in Social Work.

C7.1.2.1.2.1.1.2. Master of, or Doctoral degree in Psychology.

C7.1.2.1.2.1.1.3. Master of Marriage, Family, and Child Counseling degree.

C7.1.2.1.2.1.1.4. Master of Counseling or Behavioral Science degree.

C7.1.2.1.2.1.2. Credentials: Not necessary. Supervisors of individuals providing only educational interventions do not need to be credentialed as independent providers.

C7.1.2.1.2.1.3. Experience:

C7.1.2.1.2.1.3.1. Minimum: Two years of postgraduate clinical, counseling, or teaching experience, in family and children's services.

C7.1.2.1.2.1.3.2. Preferred: Minimum of 5 years of postgraduate degree experience, including 2 years of clinical, counseling, or teaching experience in family and children's services, plus at least 1 year of prior experience as a supervisor of professional services.

C7.1.2.2. Level-Two Intervention Services

C7.1.2.2.1. Professional Practitioners for Level-Two Intervention Services

C7.1.2.2.1.1. PS 7.5: All Level-Two assessments and interventions (because they are considered clinical in nature) must be provided directly by or under

the clinical supervision of a licensed, privileged provider. Supervised cases remain the clinical responsibility of the privileged provider. These professionals providing assessments and treatment services shall have the following education, credentials, and professional experience:

C7.1.2.2.1.1.1. Education: As a minimum, have a Master of Social Work degree from a program accredited by the Council on Social Work Education, or have a Doctoral degree in Psychology.

C7.1.2.2.1.1.2. Credentials: Licensed, in accordance with DoD Directive 6025.6 in their profession, and privileged by the Service, in accordance with DoD Directive 6025.4, based on their education, training, and experience.

C7.1.2.2.1.1.3. Experience: Minimum of 2 years of postgraduate clinical and/or counseling experience in family and children's services.

C7.1.2.2.2. Clinical Supervisors of Level-Two Professional Personnel

C7.1.2.2.2.1. PS 7.6: Other specified individuals may provide Level-Two assessments and treatment services, but only under the direct clinical supervision of a licensed, privileged provider and if these individuals have met the following minimal education and work experience standards:

C7.1.2.2.2.1.1. Have a Master's degree in Social Work, Psychology, Marriage and Family Counseling, Counseling, or Behavioral Science.

C7.1.2.2.2.1.2. Two years of clinical and/or counseling experience in family and children's service.

C7.1.2.2.1.3. The ongoing supervision of these individuals must be documented in the individual client records or case notes.

C7.2. WORK ASSIGNMENTS

C7.2.1. PS 7.7: Policies and procedures shall define the criteria for assigning cases and other duties to professional and paraprofessional-FAP personnel. A periodic time-task study of activities for all FAP staff shall be done by the FAPO or FAC to provide data for planning and accountability of the activities related to work assignments. (Cross-referenced to "Planning," PSs 8.1, 8.6, and 8.7, Chapter 8, below.)

C7.2.2. PS 7.8: Policies and procedures shall define a formula for determining the number of support and administrative personnel needed to support the work of the FAP professional and paraprofessional functions, in accordance with DoD Directives and Service and installation directives.

C7.3. WORKLOADS

C7.3.1. PS 7.9: A victim count (using the sponsor's military identification number) shall be used as the basis for establishing caseload sizes for FAP professional personnel. A FAP case is established for each victim of child or spouse abuse. The individual cases of victims within a specific family (sponsor's family) shall be cross-referenced in the case records and in the FAP's management information system.

C7.3.2. PS 7.10: The installation shall comply with DoD and Service workload standards. The FAP workload measures shall take into account the equitable balance between caseload activities and other FAP, or related functions being performed by an individual FAP staff member. Criteria shall be established for determining caseload sizes which take into account the following:

C7.3.2.1. Complexities of the cases.

C7.3.2.2. Severity of the problems and the abuse incidents.

C7.3.2.3. Amount of time required to monitor the protection of the victims.

C7.3.2.4. Size and functioning of the family.

C7.3.2.5. Comprehensive nature of the services.

C7.3.2.6. Number of collateral contacts that must be maintained.

C7.3.2.7. The number of cases the professionals are carrying as case managers.

C7.3.2.8. Other issues as reflected in professional standards in the field.

C7.4. SUPERVISION AND JOB PERFORMANCE EVALUATIONS

C7.4.1. PS 7.11: Each FAP professional, paraprofessional, support, and administrative staff member, including volunteers carrying out FAP functions, shall receive appropriate professional and administrative supervision on a weekly basis.

C7.4.2. PS 7.12: Policies and procedures shall define the minimum standards for individual supervision of a FAP staff member by the immediate supervisor. These standards shall include provisions for varying levels of competency.

C7.5. TRAINING AND PERSONNEL DEVELOPMENT

C7.5.1. PS 7.13: An annual FAP personnel training and personnel development plan shall be developed. It shall include the Family Advocacy Staff Training (FAST) and other appropriate training events, for professional, paraprofessional, support, and administrative personnel, and volunteers working in the FAP unit. Such an annual training plan shall be based on the assessment of training and staff development needs with advice from the FAP personnel and volunteers. Additionally, the FAP training plan shall include data obtained through the FAP personnel annual performance evaluation, specifically information about any training expectations for individual staff members that should be met during the next evaluation period. (Cross-referenced to "Planning," PS 8.7, Chapter 8, below.)

C7.5.2. PS 7.14: A written record shall be maintained documenting the training and personnel development activities for each professional and paraprofessional FAP staff member. The original report shall be filed in the installation personnel file, in accordance with applicable installation directives. A copy shall be retained in the FAP supervisor's files for supervisory reference. Such a training record shall include the dates, duration, subjects, or content covered; title of the training; the primary trainer; and other pertinent information. (Cross-referenced to "QA," PS 8.6, Chapter 8, below.)

C7.5.3. PS 7.15: A calendar of training and personnel development events and opportunities shall be maintained. FAP personnel shall be provided a condensed calendar of those training and personnel development events particularly relevant to them.

C8. CHAPTER 8

PROGRAM PLANNING AND PROGRAM EVALUATION

C8.1. DATA COLLECTION, ANALYSIS, AND UTILIZATION

C8.1.1. PS 8.1: A standardized, Service-developed reporting format shall be implemented for the regular collection and analysis of information to be used for program planning, administration, interpretation, research, and funding of FAP services. Installation FAP forms shall be integrated to the degree possible with the Uniform Service reporting format.

C8.1.2. PS 8.2: Statistical methods shall be used to maintain an accurate record of services provided and to identify recurring problems that have implications for program activities. Identifying information may not be used in unsubstantiated cases. Services provided, types and classification of incidents or allegations received, and the disposition of cases, including those unsubstantiated or not accepted for FAP service, shall be recorded. Where possible, this data should be kept in a computerized format. When not computerized, the data shall be formatted, organized, and maintained in a manner that allows clear and ready access. The data shall provide discrete information on the number, problems, and characteristics of the children, spouses, and families served. Data collection shall be integrated to provide required information to the Department of Defense, the respective Military Services FAP managers at Service Headquarters, and State child abuse registries, where this is required.

C8.1.3. PS 8.3: DoD or Service-approved forms, consistent with DoD standards for monthly and annual reporting of required statistical data, shall be used. The statistical data shall accurately present the volume and types of services provided by the FAP and shall be made available to the FAP staff. Consistent data collection within each Service and among Services shall be supported by standardized definitions of terms.

C8.2. PROGRAM EVALUATION

C8.2.1. PS 8.4: Individual installation programs shall be periodically and regularly evaluated to determine whether they continue to meet specific program needs or require adaptation. The evaluation shall include definitions of program objectives, progress toward meeting program objectives, and the identification of barriers to meeting program objectives. The evaluation shall provide objective feedback to

managers and policy-makers on the cost and benefits of individual program components. A program evaluation shall do the following:

C8.2.1.1. Ensure that the services provided are in accordance with applicable DoD and Service directives.

C8.2.1.2. Assess the adequacy and efficiency of the FAP resources available to meet program objectives.

C8.2.1.3. Ensure that the evaluation points out information that can be utilized in program planning, staff training, and community relations.

C8.2.1.4. Determine whether services are effective by using a valid unbiased research design to measure the results of FAP intervention.

C8.2.2. PS 8.5: Objectives shall be established for those programs and services provided through contracts, to measure the contractor's effectiveness in meeting these objectives.

C8.3. QA

PS 8.6: Written plans with related policies and procedures shall be developed at both the installation and the MTF to do an on-going evaluation of the quality of services provided. Particular emphasis shall be placed on reviewing credentials and granting privileges to providers; monitoring the impact of all of the FAP-related services, departments, and resources; and detecting trends, patterns of performance, and potential problems. This process shall address the quality, utilization, appropriateness, and timeliness of the services being provided, in accordance with Service directives.

C8.4. PLANNING EFFORTS AND RESULTS

PS 8.7: An annual planning process shall exist to review program progress and changing program directions, populations, and patterns. The outcome shall be an updated FAP plan with specific objectives, needs, and strategies. The planning process shall include relevant representatives of the medical staff, command personnel, and FAC members. Other appropriate professionals and civilian community agency representatives shall be invited to participate. The use of statistics from the FAP data collection efforts, program evaluation, and other QA efforts shall serve as a primary source of information for this effort. Plan proposals and results shall be made available to Service Headquarters and other appropriate military and community agencies outside of the

Department of Defense, in compliance with the Privacy Act (reference (e)), and DoD Directive 5400.11 (reference (d)).

AP1. APPENDIX 1

DoD FAP SELF-ASSESSMENT TOOL



***FAMILY ADVOCACY PROGRAM
SELF-ASSESSMENT TOOL***

CATEGORY: SECTION 1.0 <u>Organization and Management</u> (Corresponds with PSs 1.1 through 1.31, Chapter 1, above.)		Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET PSs</u>	A C T I O N C O M P L E T E D
<u>Purpose of the FAP</u>						<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
1.1	A child and spouse abuse service program exists, as specified in DoD Directive 6400.1 (reference (c)).							
1.2	Programs that contribute to the development of healthy families exist, as specified in (reference (c)).							
1.3	Early identification and intervention in cases of alleged child and spouse abuse are promoted, as specified in (reference (c)).							
1.4(a)	Rehabilitation and treatment programs exist for child and spouse abuse (see "Intervention and Treatment CA/N Cases" PSs 4.36 through Chapter 4, above; and "Intervention and Treatment in Spouse Abuse Cases" PSs 5.30 through 5.34, Chapter 5, above).							

CATEGORY: SECTION 1.0 <u>Organization and Management (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET PSS</u>	A C T I O N C O M P L E T E D
<u>Purpose of the FAP (cont.)</u>							
<p>(b) These programs do not preclude appropriate administrative or disciplinary action, as specified in DoD Directive 6400.1 (reference (c)).</p> <p>1.5 Cooperation exists with responsible civilian authorities in efforts to address child and spouse abuse problems.</p> <p><u>The FAP as a Command Program</u></p> <p>1.6(a) The FAP is officially sanctioned as a command support program with concomitant authority and responsibility.</p> <p>(b) Policies and procedures exist defining these policy making, coordinating, and management functions.</p> <p>1.7 Coordination and collaboration exists between the FAP and medical services.</p>							

<u>CATEGORY:</u>		Y	N	P	E		<u>ACTION REQUIRED</u>	A	C
SECTION 1.0		E	O	A	X		<u>TO MEET THE PSS</u>	C	C
<u>Organization and Management</u> (cont.)		S		R	C			T	O
				T	E			I	P
				I	P			O	L
				A	T			N	E
				L	I			E	D
					O				
FAP as a Command Program (cont.)						<u>COMMENTS</u>	<u>WHO</u>	<u>ACTION</u>	<u>DATE</u>
1.8	A FAPO has been appointed by the installation commander responsible for implementing the FAP.								
1.9	Service directives shall be implemented on criteria for the retention and provision of FAP services to active duty members.								
Installation FAP Directive									
1.10	A current FAP directive has been developed and published by the installation.								
1.11	A program statement defining the FAP purpose, scope of services, and persons to be served has been developed.								
1.12	All eligible military families living in the civilian community, those families living on the installation and eligible civilians are recipients of FAP services.								

<u>CATEGORY:</u>		Y E S	N O	P A R T I A L	E X C E P T I O N	<u>ACTION REQUIRED TO MEET THE PSS</u>		A C T I O N	C O M P L E T E D
SECTION 1.0									
<u>Organization and Management</u> (cont.)									
<u>Installation FAP Directive</u> (cont.)						<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>	
1.13(a)	An installation FAC has been appointed.								
(b)	The FAC membership, functions, and responsibilities have been specified for the installation.								
<u>MOU</u>									
1.14	Necessary and appropriate MOUs with external organizations (as specified in PS 4.1, Chapter 4, above) have been developed.								
1.15	Existing MOUs with local child protective services set forth roles and functions on reporting responsibilities, referrals, case management, and emergency interventions.								
1.16	Existing MOUs require that, when possible, participating agencies meet professional standards set by the relevant field.								

<u>CATEGORY:</u>		Y E S	N O	P A R T I A L	E X C E P T I O N	<u>ACTION REQUIRED TO MEET THE PSS</u>		A C T I O N	C O M P L E T E D
SECTION 1.0									
<u>Organization and Management</u> (cont.)									
MOU (cont.)						<u>COMMENTS</u>	<u>WHO</u>	<u>ACTION DATE</u>	<u>DATE</u>
1.17(a)	Existing purchase of service contracts or agreements are in writing and specify terms and conditions of services to be provided.								
(b)	Existing purchase of service contracts or agreements are monitored and evaluated on a specified basis.								
<u>Management Accountability</u>									
1.18	Coordination and collaboration exist between military installations, including those of different Services.								
1.19(a)	Overall program goals, treatment objectives, and services to be provided by the installation FAP have been established.								
(b)	FAP personnel roles, functions, and responsibilities have been defined in writing.								

CATEGORY: SECTION 1.0 <u>Organization and Management</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSs</u>	A C T I O N C O M P L E T E D
<u>Management Accountability</u> (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
(c) Policies exist ensuring that cooperation occurs between installations. 1.20(a) The development, oversight, coordination, administration, and evaluation of the FAP is facilitated by the FAP0. (b) Clear lines of authority and accountability are maintained by the FAP0. 1.21 The operation of the FAP is guided by written policies and procedures. 1.22 An installation FAP policies and procedures manual exists that is revised and updated.							
<u>Human Resources of the FAP</u> 1.23 A sufficient number of qualified personnel to meet the PSs are available.							

CATEGORY: SECTION 1.0 <u>Organization and Management (cont.)</u>		Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Physical Resources of the FAP</u>						<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
1.24	Necessary administrative services, logistical support, and equipment are provided.							
1.25	The physical setting is suitably housed and equipped and includes rooms for interviewing clients in a confidential setting.							
1.26	Client case records are stored in secure file cabinets.							
1.27 (a)	A sufficient number of telephones are available to FAP personnel.							
(b)	The telephone system has the capacity to accommodate a 24-hour emergency response for FAP reports.							
1.28 (a)	The FAP has access to sufficient government vehicles in safe condition for implementing its services.							

CATEGORY: SECTION 1.0 <u>Organization and Management</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSs</u>	A C T I O N C O M P L E T E D
<u>Physical Resources of the FAP</u> (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
(b) Procedures exist specifying that emergency vehicles be used for medical/psychological emergencies. <u>Financial Resources</u> 1.29(a) Financial resources to implement the PSs are available as specified in DoD Directive 6400.1 (reference (c)). (b) An annual report describing the PSs and goals along with available and needed resources is prepared. <u>Management Information Systems</u> 1.30 A plan for collection, utilization, and dissemination of information has been developed and implemented. 1.31 Guidelines are established to ensure that all statistical reporting requirements (DoD, Services, and installation) are met.							

CATEGORY: SECTION 2.0 <u>Family Support (Prevention) Services</u> (Corresponds with PSs 2.1 through 2.11, Chapter 2, above.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSs</u>	A C T I O N C O M P L E T E D
<u>Promoting General Awareness</u>					COMMENTS	WHO ACTION DATE	DATE
2.1(a) Prevention, education and training efforts on the scope of child and spouse abuse exist for command, military personnel, and their families. (b) An orientation to the FAP is provided to all newly assigned personnel. 2.2 Prevention programs exist that include information and education for potential victims, offenders, and non-offending family members. 2.3 Outreach efforts that are provided or arranged by the FAP exist and include prevention, education, and training on the extent and nature of child and spouse abuse, an awareness of family violence, how to report it, and available services.							

CATEGORY: SECTION 2.0 Family Support (Prevention) Services (cont.)		Y E S	N O	P A R T I A L	E X C E P T I O N		ACTION REQUIRED TO MEET THE PSS	A C T I O N C O M P L E T E D
Promoting General Awareness (cont.)						COMMENTS	WHO ACTION DATE	DATE
2.4 A general awareness effort about child and spouse abuse issues and services exists that develops and disseminates publications and utilizes public affairs resources for both the Military and civilian communities. Promote Awareness Within Military Community								
2.5(a) Education on the nature of child and spouse abuse, its prevention, the nature and availability of FAP services, and stress is provided on a specified basis for all installation and unit commanders and their immediate staff.								
(b) Information on their roles and responsibilities is provided to all new commanders.								
2.6(a) An education program exists for professional and para-professional personnel who work with children in Military								

CATEGORY: SECTION 2.0 <u>Family Support (Prevention) Services</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSs</u>	A C T I O N C O M P L E T E D
<u>Promote Awareness Within Military Community</u> (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
(a) related services (the DoDDS, and child development centers, etc.) on causes and effects of child and spouse abuse, identification and reporting responsibilities and available services. (b) Screening procedures exist to identify potential or actual child abusers or molesters who are engaged as caregivers of children. <u>Advocacy Services for Children, Spouses, and Families</u> 2.7 Advocacy exists for the establishment and improvement of those services that promote healthy family lives. 2.8(a) Criteria exists for identifying high risk populations by doing needs assessments of the military community (military dependents on and off base).							

<u>CATEGORY:</u>		<u>Y</u>	<u>N</u>	<u>P</u>	<u>E</u>	<u>ACTION REQUIRED</u>		<u>A</u>	<u>C</u>
<u>SECTION 2.0</u>		<u>E</u>	<u>O</u>	<u>A</u>	<u>X</u>	<u>TO MEET THE PSs</u>		<u>C</u>	<u>O</u>
<u>Family Support (Prevention) Services</u>		<u>S</u>		<u>R</u>	<u>C</u>			<u>T</u>	<u>M</u>
<u>(cont.)</u>				<u>T</u>	<u>E</u>			<u>I</u>	<u>P</u>
				<u>I</u>	<u>P</u>			<u>O</u>	<u>L</u>
				<u>A</u>	<u>T</u>			<u>N</u>	<u>E</u>
				<u>L</u>	<u>I</u>			<u>E</u>	<u>D</u>
<u>Advocacy Services for Children, Spouses,</u>						<u>COMMENTS</u>	<u>WHO</u>	<u>ACTION</u>	<u>DATE</u>
<u>and Families (cont.)</u>									
	(b) An annual plan of action based on the outcome of the needs assessment is developed.								
2.9(a)	Advocacy at the case specific level takes place.								
	(b) Aggregate information about case specific information is also considered in development of a case plan.								
2.10	Resource and service delivery problems are identified to the FAC, appropriate installation commanders, and higher echelons.								
<u>Family Support Services</u>									
2.11	The following services are provided by the FAP or available through the utilization of other military or civilian resources:								

CATEGORY: SECTION 2.0 <u>Family Support (Prevention) Services</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Family Support Services</u> (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
<u>Spouse:</u> (a) Coping with stress (stress workshops, support groups, new baby adjustment problems, and job problems, etc.). (b) Emergency assistance (financial, housing, health care, and basic necessities, etc.). (c) Spouse and single parent support groups (same sex and incest survivors, etc.). (d) In-home services (full- or part-day, visiting nurse, and homemaker services, etc.). (e) Counseling (marital, family, group, and other). (f) Life skills development. (g) Family life education and family planning.							

CATEGORY: SECTION 2.0 <u>Family Support (Prevention) Services</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Family Support Services</u> (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
(h) Socialization (social groups, young wives and/or young husbands groups, Americanization, and language, etc.). (i) Personal safety (assertiveness training, rape prevention, and self-defense, etc.). (j) Interpersonal relationships (conflict resolution and communications, etc.). (k) Special needs families. (l) Legal Services. (m) Rape prevention and coping with rape.							
<u>Children and Families:</u>							
(a) Affordable and accessible child day care (child development center, family day care, part-day care, and respite day care, etc.).							

CATEGORY: SECTION 2.0	Y E S	N O	P A R T I A L	E X C E P T I O N		ACTION REQUIRED TO MEET THE PSS	A C T I O N	C O M P L E T E D
Family Support (Prevention) Services (cont.)								
Family Support Services (cont.)					COMMENTS	WHO ACTION DATE	DATE	
(b) Support services for new parents (prenatal services, child development education, information and referral, and coping with parenthood, etc.). (c) Education for parents (parenting education, stress reduction on parenting, and group support, etc.). (d) Preventive counseling (drop-in center and hotline for stress calls, etc.). (e) In-home services (full- or part-day, visiting nurse, and homemaker, etc.). (f) Life skills development. (g) Emergency assistance (financial, basic necessities, housing, and health care, etc.). (h) Family life education and family planning.								

CATEGORY: SECTION 2.0 <u>Family Support (Prevention) Services</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Family Support Services</u> (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
(i) Socialization (social groups, young wives and/or husband groups, Americanization, and language, etc.). (j) Safety education for children (protection against abuse and seeking help, etc.). (k) Personal safety (assertiveness training, rape prevention, and self defense, etc.). (l) Interpersonal relationship skills (conflict resolution and communications, etc.). (m) Rape prevention and coping with rape.							
<u>Coping with the Stresses of Military Life:</u> (a) Predeployment. (b) Post deployment. (c) Separation due to military assignment.							

CATEGORY: SECTION 2.0 <u>Family Support (Prevention) Services</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED</u> <u>TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Family Support Services</u> (cont.)					<u>COMMENTS</u>	<u>WHO</u> <u>ACTION</u> <u>DATE</u>	<u>DATE</u>
(d) Relocation and/or a PCS. (e) Transition to civilian life.							

CATEGORY: SECTION 3.0 <u>Investigation, Assessment of the Complaint, and Disposition of FAP Cases</u> (Corresponds with PSs 3.1 through 3.17, Chapter 3, above.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSs</u>	A C T I O N E T E D
<u>Initial Reporting of Child or Spouse Abuse</u>					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
3.1 An informational program exists to inform the military and civilian communities on the purpose of reporting, reporting procedures, investigation and assessment procedures, and the scope of intervention. 3.2 All reports of alleged child or spouse abuse are referred to the FAPO or designee. 3.3(a) A case record is opened for every new case of child and/or spouse abuse reported to the FAP. Every alleged incident is documented in writing. (b) Pertinent written information is collected for the case record regardless of the administrative unit which obtained the information. (c) The security of the case record is maintained.							

CATEGORY: SECTION 3.0 <u>Investigation, Assessment of the Complaint, and Disposition of FAP Cases (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSs</u>	A C T I O N C O M P L E T E D
<u>Initial Reporting of Child or Spouse Abuse (cont.)</u>					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
3.4(a) Policies and procedures exist to ensure that the military law enforcement blotter on incident reports of child and spouse abuse is reviewed. (b) In accordance with the MOU, the installation law enforcement agency contacts local law enforcement agencies for access to reports of child and spouse abuse incidents involving military personnel and families. 3.5 Policies and procedures exist to ensure that the following responsibilities are carried out: (a) Medical assessment for all minors in the household and treatment for all family members in the household by medically trained personnel, when indicated.							

CATEGORY: SECTION 3.0 <u>Investigation, Assessment of the Complaint, and Disposition of FAP Cases</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSs</u>	A C T I O N C O M P L E T E D
<u>Initial Reporting of Child or Spouse Abuse</u> (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
(b) Notification of the Service member's commander. (c) Notification of military law enforcement and investigative Agencies. (d) Notification of the local child protective services agency (in alleged child abuse cases only) in the U.S. and where covered by agreement overseas. (e) Observance of the applicable rights of alleged offenders. 3.6 A 24-hour a day reporting mechanism exists for receiving reports of alleged child or spouse abuse. 3.7(a) Policies and procedures exist to ensure that the FAP is consulted by military law enforcement on the referral of a spouse (family) to a shelter or safe house.							

CATEGORY: SECTION 3.0 <u>Investigation, Assessment of the Complaint, and Disposition of FAP Cases (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C C E P T I O N E D
<u>Initial Reporting of Child or Spouse Abuse (cont.)</u>					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
<p>(b) The MOU specifies that civilian law enforcement inform an abused spouse of FAP services at the time of referral.</p> <p>3.8 In accordance with MOUs and policy, FAP personnel are informed and consulted within 24 hours by military law enforcement personnel and/or the local child protective services agency on all alleged child abuse, molestation, and/or exploitation situations on receipt of an incident report.</p> <p><u>Initial Investigation and Assessment of Complaints of Child and Spouse Abuse</u></p> <p>3.9(a) Policies and procedures exist defining investigation and investigative roles of FAP staff, military and civilian law enforcement agencies and the public child welfare agencies.</p>							

CATEGORY: SECTION 3.0 <u>Investigation, Assessment of the Complaint, and Disposition of FAP Cases (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Initial Investigation and Assessment of Complaints of Child and Spouse Abuse</u>					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
(b) Policies and procedures exist that specify when it is appropriate for FAP staff to do protective service investigations without law enforcement and when to assist investigative agencies. (c) Policies and procedures exist governing investigations overseas and are adapted to host-nation laws and SOFAs. 3.10(a) Policies and procedures exist specifying time lines for staff to complete the assessment phase of an alleged abuse incident. (b) Policies and procedures exist reflecting the urgency of protecting the alleged victim based on severity of abuse and further risk.							

CATEGORY: SECTION 3.0 <u>Investigation, Assessment of the Complaint, and Disposition of FAP Cases</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Initial Investigation and Assessment of Complaints of Child and Spouse Abuse</u> (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
3.11 A reporting system shall ensure that the FAP staff and military law enforcement, military investigative services, civilian law enforcement agencies, and the public child protective services agency are notified during the investigation and information gathering stage. 3.12(a) Procedures exist to foster sufficient, accurate, and timely exchange of information with the public child protective services agency, military law enforcement, military investigative agencies, and by installation's MOUs with civilian law enforcement agencies. (b) Exchange of information shall be maximally complete between agencies having interest in the investigation and disposition of FAP cases.							

CATEGORY: SECTION 3.0 <u>Investigation, Assessment of the Complaint, and Disposition of FAP Cases</u> (cont.)		Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Initial Investigation and Assessment of Complaints of Child and Spouse Abuse</u> (cont.)						<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
3.13	Policies include outline of the procedures required to protect the rights of the alleged offender and victim during the investigation and assessment phase.							
3.14	Policies and procedures exist that ensure the sharing of relevant information about the findings of the investigation among the various military and civilian organizations involved in the case, without violating client rights.							
3.15	Written policies and procedures exist on the case management of out-of-home or institutional child abuse or sexual abuse.							

CATEGORY: SECTION 3.0 <u>Investigation, Assessment of the Complaint, and Disposition of FAP Cases (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THIS PSs</u>	A C T I O N C O M P L E T E D
<u>Information Gathering on Child and Spouse Abuse Incidents</u>					<u>COMMENTS</u>	<u>WHO</u> <u>ACTION</u> <u>DATE</u>	<u>DATE</u>
3.16 On receipt of the initial law enforcement investigation report, followup takes place to remedy the gaps in factual information on the alleged abuse. 3.17 Policies and procedures exist to protect the confidentiality of law enforcement and criminal investigative service reports.							

<u>CATEGORY:</u>		Y	N	P	E		<u>ACTION REQUIRED</u>	A	C
SECTION 4.0		E	O	A	X		<u>TO MEET THE PSS</u>	C	O
<u>Intervention and Treatment in Child Abuse and Neglect Cases</u>		S		R	C			T	M
(Corresponds with PSS 4.1 through 4.42, Chapter 4, above.)				T	E			I	P
				I	P			O	L
				A	T			N	E
				L	I			E	T
					O			D	E
<u>Child Abuse and Neglect Cases</u>						<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>	
4.1	Policies and procedures exist that define child abuse, neglect, and sexual abuse, as specified in DoD Instruction 6400.2 (reference (a)) (cross-reference PSS 4.14 through 4.17, Chapter 4, above).								
4.2	Policies and procedures exist that define extrafamilial abuse, including abuse occurring in loco parentis, abuse by strangers, and child to child abuse as specified in reference (a).								
4.3	Guidelines have been established for assessment and treatment of juvenile offenders.								
4.4	Policies and procedures exist that define a case and an incident as specified in reference (a).								

CATEGORY: SECTION 4.0 <u>Intervention and Treatment in Child Abuse and Neglect Cases</u> (cont.)		Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Child Abuse and Neglect Cases</u> (cont.)						<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
4.5	Early identification and intervention in cases of alleged child abuse and/or neglect cases are required.							
4.6(a)	Medical assessment and treatment for all eligible family members by appropriately trained personnel is ensured, as appropriate.							
(b)	Referrals are made for ineligible family members.							
4.7	Guidelines have been established to ensure that commanders have timely access to complete case information when considering appropriate dispositions of allegations, including: prognosis, extent to which the alleged offender accepts responsibility, and other appropriate factors, as specified in DoD Instruction 6400.2 (reference (a)).							

CATEGORY: SECTION 4.0 <u>Intervention and Treatment in Child Abuse and Neglect Cases (cont.)</u>		Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Assessment of Child Abuse and Neglect Cases</u>						<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
4.8	Policies and procedures exist specifying that the protection of the alleged victim and at-risk siblings shall be given first priority in providing investigatory, assessment, and intervention and/or treatment services.							
4.9	Criteria exist for the relocation of the offender (Service member) from home to alternative housing.							
4.10	Policies in compliance with applicable laws governing protective custody exist that include criteria and procedures for removal of a child victim from a household when that child is in danger of abuse.							
4.11	Criteria exist for determining the severity of the harm to the child victim, the seriousness of allegation(s), and the							

CATEGORY:		Y E S	N O	P A R T I A L	E X C E P T I O N	ACTION REQUIRED TO MEET THE PSS	A C T I O N C O M P L E T E D
SECTION 4.0							
<u>Intervention and Treatment of Child Abuse and Neglect Cases</u> (cont.)							
<u>Assessment of Child Abuse and Neglect and Cases</u> (cont.)						<u>COMMENTS</u>	<u>WHO ACTION DATE DATE</u>
	risk factors for future abuse. Definitions exist for harm, severity of harm and risk as specified in PS 4.11, Chapter 4, above.						
4.12	Policies and procedures specify that recantation is considered a fact in the case and not a conclusion that the abuse did not occur.						
4.13(a)	All installation FAP cases requiring immediate protection receive immediate medical examinations by a qualified medical practitioner.						
(b)	Guidelines exist for access to medical services in OCONUS cases.						
4.14	Policies and procedures exist that define physical injury as a type of maltreatment, as specified in DoD Instruction 6400.2 (reference (a)).						

CATEGORY:		Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
SECTION 4.0								
<u>Intervention and Treatment of Child Abuse and Neglect Cases</u> (cont.)								
<u>Assessment of Child Abuse and Neglect and Cases</u> (cont.)						<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
4.15	Policies and procedures exist that define sexual maltreatment, exploitation, rape and/or intercourse, molestation, incest, and other sexual maltreatment as specified in DoD Instruction 6400.2 (reference (a)).							
4.16	Policies and procedures exist that define types of neglect as specified in reference (a).							
4.17	Policies and procedures exist that define the types of emotional maltreatment, as specified in reference (a).							
<u>Assessment Distinctions</u>								
4.18	Policies and procedures exist that define the process of risk assessment.							
4.19	Policies and procedures exist that define the assessment							

CATEGORY: SECTION 4.0 <u>Intervention and Treatment of Child Abuse and Neglect Cases</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
Assessment Distinctions (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
<p>information sources, such as background information checks and collateral contacts, that are to be contacted.</p> <p>4.20 Monitoring and support is provided to the child's family during investigation and assessment to ensure adequate protection of the child victim and siblings.</p> <p>4.21(a) Policies and procedures exist that define the basic requirements for doing an assessment.</p> <p> (b) The assessment is done by a Level-Two professional, as defined in PSS 7.3 and 7.5, Chapter 7, above.</p> <p>4.22 Policies and procedures exist that specify the methods for assessing factors in child abuse as specified in PS 4.22, Chapter 4, above.</p>							

CATEGORY:		Y	N	P	E	ACTION REQUIRED TO MEET THE PSS		A	C
SECTION 4.0		E	O	A	X			C	O
<u>Intervention and Treatment in Child Abuse and Neglect Cases</u> (cont.)		S		R	C			T	M
				T	E			I	P
				I	P			O	L
				A	T			N	E
				L	I			E	T
					O			D	E
Assessment Distinctions (cont.)						COMMENTS	WHO	ACTION DATE	DATE
4.23(a)	Policies and procedures exist that specify how a child victim and other children are to be interviewed by FAP personnel.								
(b)	The assessment is done by a Level-Two professional, as defined in PSSs 7.3 and 7.5 Chapter 7, above.								
4.24(a)	Policies and procedures exist that describe when specific diagnostic assessments are to be used.								
(b)	The diagnostic assessment is conducted by a Level-Two professional, as defined in PSSs 7.3 and 7.5, Chapter 7, above.								
4.25	Policies and procedures exist that reflect the following:								
(a)	Make paramount child-risk assessment factors which provide for the protection of the child.								

CATEGORY: SECTION 4.0 <u>Intervention and Treatment of Child Abuse and Neglect Cases</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		ACTION REQUIRED TO MEET THE PSS	A C T I O N C O M P L E T E D
Assessment Distinctions (cont.)					COMMENTS	WHO ACTION DATE	DATE
(b) Ensure that the most serious cases receive the most prompt and intensive assistance. (c) Support professional judgement and not substitute for it. (d) Show sensitivity to racial, ethnic, and cultural differences in the therapeutic process. (e) Assist in developing the case plan. (f) Include individual and sibling evaluations with attention given to individual differences. Initial Case or Service Plan 4.26(a) Initial case or service plans are developed within 30 days of opening the case (date the FAP received report of alleged abuse).							

CATEGORY: SECTION 4.0 <u>Intervention and Treatment of Child Abuse and Neglect Cases (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSs</u>	A C T I O N C O M P L E T E D
<u>Initial Case or Service Plan (cont.)</u>					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
<p>(b) Initial case or service plans are written, in accordance with policies and procedures.</p> <p>4.27 The family is engaged in using its own strengths and resources throughout the case planning process as described in PS 4.27, Chapter 4, above.</p> <p><u>Assessment of the Need for Out-of-Home Protection of the Child Victim and Siblings</u></p> <p>4.28 Policies and procedures exist that specify what conditions must be met before the removal and/or return home of a child.</p> <p>4.29 Options for 24-hour emergency housing, both on and off the installation, have been developed and are utilized.</p> <p><u>The FAC and the CRC</u></p> <p>4.30 A FAC has been appointed and serves as a policy-making and recommending body for the FAP.</p>							

CATEGORY: SECTION 4.0 <u>Intervention and Treatment of Child Abuse and Neglect Cases</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
The FAC and the CRC (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
4.31(a) The FAP CRC functions as a multidisciplinary team. (b) Members of the FAC and CRC may be appointed representatives of relevant advocacy groups. 4.32 Written policy and criteria exist for determining whether or not a child is in "imminent" danger and this has been shared with all other relevant military organizations. 4.33 Policies and procedures exist that specify the definitions of substantiated, suspected, and unsubstantiated, as specified in DoD Instruction 6400.2 (reference (a) and PS 4.33, Chapter 4, above. 4.34 The FAP case manager/clinician works with the CRC to make and document the determination of the case status as specified in PS 4.34, Chapter 4, above.							

CATEGORY: SECTION 4.0 <u>Intervention and Treatment of Child Abuse and Neglect Cases (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
The FAC and the CRC (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
4.35 The CRC is responsible for: (a) Determining the status of the case; "unsubstantiated," "suspected," or "unsubstantiated." (b) Reviewing and approving the assessment. (c) Reviewing and approving the case or service plan. (d) Reviewing and approving that Level-One and/or Level-Two interventions are indicated. (e) Reviewing and making appropriate recommendations to commanders on command administrative actions being planned for active duty Service members involved in FAP cases, in accordance with Service directives.							

CATEGORY: SECTION 4.0 <u>Intervention and Treatment of Child Abuse and Neglect Cases</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		ACTION REQUIRED TO MEET THE PSS	A C T I O N C O M P L E T E D
The FAC and the CRC (cont.)					COMMENTS	WHO ACTION DATE	DATE
(f) Reviewing and making appropriate recommendations on criminal action being contemplated against an offender of a substantiated FAP case by military or civilian law enforcement agencies or judicial officers when requested, and in accordance with Service directives. (g) Making recommendations to the commander on a Service member's participation in treatment. (h) Monitoring and advising the commander on a Service member's participation in treatment. (i) Approving case transfer and/or closure.							

<u>CATEGORY:</u> SECTION 4.0 <u>Intervention and Treatment of Child Abuse and Neglect Cases (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Level-One Intervention Services: Educationally-Based Programs</u>					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
4.36 Level-One intervention services are provided or arranged by the FAP: (a) These are defined, as "educationally-based programs" and include parenting, child/adolescent development, stress management, anger management, and interpersonal communications. (b) Policies and procedures exist that describe existing programs, their locations, under what circumstances they should be used, and referral and followup processes. (c) Policies and procedures exist that describe available Level-One FAP services.							

CATEGORY:		Y E S	N O	P A R T I A L	E X C E P T I O N	ACTION REQUIRED TO MEET THE PSs	A C T I O N C O M P L E T E D
SECTION 4.0							
<u>Intervention and Treatment of Child Abuse and Neglect Cases</u> (cont.)							
Support Services: Level-One						COMMENTS	WHO ACTION DATE DATE
4.37(a)	The development and provision of Level-One interventions, as identified in PS 4.37, Chapter 4, above, is promoted.						
(b)	Policies and procedures exist that describe existing programs, their locations, under what circumstances they should be used, and referral and followup processes.						
Level-Two Intervention Services: Clinically-Based Programs							
4.38	Level-Two treatment services are provided or arranged by the FAP:						
(a)	These are defined, as "clinically-based programs" specifically about child abuse and include child-adolescent counseling (individual or group); stress insight, reduction, and control; anger insight, reduction, and control; and interpersonal communications insight development.						

CATEGORY: SECTION 4.0 <u>Intervention and Treatment of Child Abuse and Neglect Cases (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSs</u>	A C T I O N C O M P L E T E D
Level-Two Intervention Services: Clinically-Based Programs (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
<p>(b) Policies and procedures exist that describe available Level-Two FAP services.</p> <p>4.39(a) Educationally-based programs are utilized for FAP clients who are involved in Level-Two treatment, when appropriate.</p> <p>(b) Case plan documentation is provided.</p> <p><u>Support Services: Level-Two</u></p> <p>4.40(a) The development and provision of supportive services needed in Level-Two intervention services, as identified in PS 4.40, Chapter 4, above, is promoted.</p> <p>(b) Policies and procedures exist that describe existing programs, their locations, under what circumstances they should be used, and referral and followup processes.</p>							

CATEGORY: SECTION 4.0 <u>Intervention and Treatment of Child Abuse and Neglect Cases</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
Support Services: Level-Two (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
4.41(a) Treatment services appropriate for treating offenders, victims, and other household members in need of Level-Two intervention services involving counseling and psychotherapy, as identified in PS 4.41, Chapter 4, above, are provided or arranged by the FAP. (b) Policies and procedures exist that describe existing programs, their locations, under what circumstances they should be used, and referral and followup procedures. <u>Termination of FAP Services in Child Abuse/Neglect Cases</u>							
4.42(a) Policies and procedures exist that require termination to be based on documentation including a current risk assessment and progress in treatment of the objectives. (b) CRC reviews and approves all terminations.							

CATEGORY:		Y	N	P	E	ACTION REQUIRED TO MEET THE PSS		A	C
SECTION 5.0		E	O	A	X			C	C
Intervention and Treatment in Spouse Abuse Cases (Corresponds with PS 5.1 through 5.35, Chapter 5, above.)		S		R	C			T	O
				I	E			I	M
				A	P			N	P
				L	T			E	L
					I			D	E
					O				D
Spouse Abuse						COMMENTS	WHO ACTION DATE	DATE	
5.1	Policies and procedures exist that define spouse abuse, as specified in DoD Instruction 6400.2 (reference (a)). (See PSs 5.11 through 5.14, Chapter 5, above.)								
5.2	Policies and procedures exist that define a case and an incident, as specified in reference (a).								
5.3	Early identification and intervention in cases of alleged spouse abuse is promoted, as specified in reference (c).								
5.4	Medical assessment and treatment for all eligible family members by appropriately trained personnel is ensured, as specified in reference (c).								
5.5	Guidelines have been established to ensure that commanders have timely access to complete case information when considering appropriate dispositions of allegations								

CATEGORY: SECTION 5.0 <u>Intervention and Treatment of Spouse Abuse Cases (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Spouse Abuse (cont.)</u>					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
<p>including: prognosis, extent to which the alleged offender accepts responsibility and other factors, as specified in reference (a).</p> <p><u>Assessment of Spouse Abuse Cases</u></p> <p>5.6 Policies and procedures exist specifying that the protection of the alleged victim and any minor children in the household shall be given first priority in providing investigatory, assessment, and intervention and/or treatment services.</p> <p>5.7(a) Guidelines exist defining when a victim is to be referred to a shelter or a safe house.</p> <p>(b) Policies and procedures exist to protect the right of the adult victim to make the final decision about moving.</p>							

CATEGORY: SECTION 5.0 <u>Intervention and Treatment of Spouse Abuse Cases (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSs</u>	A C T I O N C O M P L E T E D
<u>Assessment of Spouse Abuse Cases (cont.)</u>					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
5.8(a) Criteria exist for recommending relocation of the offender (Service member) from the home to alternative housing pending a full investigation and assessment.							
(b) Criteria exist for recommending the offender's (Service member) return home.							
5.9(a) Policies and procedures exist specifying that the victim who has been referred to a shelter shall be informed of any potential risks in returning home or assuming other living arrangements.							
(b) Policies and procedures exist specifying that the victim who has used a shelter shall be informed of all options prior to departing the shelter.							
5.10 Criteria exist for determining the severity of the harm to the victim of spouse abuse,							

CATEGORY: SECTION 5.0 <u>Intervention and Treatment of Spouse Abuses Cases</u> (cont.)		Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
Assessment of Spouse Abuse Cases (cont.)						<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
	the seriousness of the allegation(s), and the risk factors for future abuse. Definitions exist for harm, severity of harm and risk as specified in PS 5.10, Chapter 5, above.							
5.11	Policies and procedures exist that define physical injury as a type of maltreatment in accordance with PS 5.11, Chapter 5, above.							
5.12	Policies and procedures exist that define sexual violence against a spouse in accordance with PS 5.12, Chapter 5, above.							
5.13	Policies and procedures exist that define property violence, in accordance with PS 5.13, Chapter 5, above.							
5.14	Policies and procedures exist that define psychological violence, in accordance with PS 5.14, Chapter 5, above.							

CATEGORY: SECTION 5.0 <u>Intervention and Treatment of Spouse Abuse Cases</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Assessment Distinctions</u>					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
5.15(a) Policies and procedures exist that define the basic requirements for doing an assessment. (b) The assessment is done by a Level-Two professional, as defined in PSS 7.3 and 7.5, Chapter 7, above. 5.16 Policies and procedures exist that specify the methods for assessing factors of spouse abuse as specified in PS 5.16, Chapter 5, above. 5.17(a) Policies and procedures exist that specify how the victim of spouse abuse and any minor children residing in the household are to be interviewed by FAP personnel. (b) The assessment is conducted by a Level-Two professional, as defined in Pss 7.3 and 7.5, Chapter 7, above.							

CATEGORY:		Y E S	N O	P A R T I A L	E X C E P T I O N	ACTION REQUIRED TO MEET THE PSS	A C T I O N	C O M P L E T E D
SECTION 5.0								
<u>Intervention and Treatment of Spouse Abuse Cases</u> (cont.)								
Assessment Distinctions (cont.)						<u>COMMENTS</u>	<u>WHO</u>	<u>ACTION DATE</u>
5.18	Policies and procedures exist that reflect the following:							
(a)	Make paramount risk-assessment factors, which provide for the protection of the victim and minor children.							
(b)	Ensure that the most serious cases receive the most prompt and intensive assistance.							
(c)	Support professional judgement and not substitute for it.							
(d)	Show sensitivity to racial, ethnic, and cultural factors in the therapeutic process.							
(e)	Assist in developing the case plan.							
(f)	Include individual assessments of the offender, victim, and any minor children.							
5.19	Policies and procedures exist that define the process of risk-assessment.							

CATEGORY: SECTION 5.0 <u>Intervention and Treatment of Spouse Abuse Cases</u> (cont.)		Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED</u> <u>TO MEET THE PSs</u>	A C T I O N C O M P L E T E D
Assessment Distinctions (cont.)						<u>COMMENTS</u>	<u>WHO</u> <u>ACTION</u> <u>DATE</u>	<u>DATE</u>
5.20	Policies and procedures exist that define the assessment information sources, as specified in PS 5.20, Chapter 5, above, which are to be contacted.							
5.21	Policies and procedures specify that recantation is considered a fact in the case and not a conclusion that the abuse did not occur.							
Initial Case or Service Plan								
5.22(a)	Initial case or service plans are developed <u>within 30 days of opening the case</u> (date the FAP received report of alleged abuse).							
(b)	Initial case or service plans are written in accordance with policies and procedures.							

CATEGORY: SECTION 5.0 <u>Intervention and Treatment of Spouse Abuse Cases</u> (cont.)		Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
Initial Case or Service Plan (cont.)						COMMENTS	WHO ACTION DATE	DATE
5.23 The offender and victim are engaged in using their own strengths and resources throughout the case planning process. <u>Assessment of the Continuing Need For FAP Services Including the Return Home of the Spouse</u>								
5.24 (a) Guidelines, as described in PS 5.24, Chapter 5, above, exist to assist the adult victim in the decision to return home. (b) Guidelines exist to address the offender's return to the family and these emphasize informing and involving the FAP and the offender's family.								
<u>The FAC and the CRC</u>								
5.25 Written policy and criteria exist for determining whether or not a spouse victim is in "imminent danger" and this has been shared with all other military organizations.								

CATEGORY:		Y E S	N O	P A R T I A L	E X C E P T I O N		ACTION REQUIRED TO MEET THE PSs	A C C O M P L E T E D
SECTION 5.0								
<u>Intervention and Treatment of Spouse Abuse Cases</u> (cont.)								
The FAC and the CRC (cont.)						<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
5.26(a)	The CRC makes a determination of case status as specified as specified in PS 5.26, Chapter 5, above.							
(b)	The CRC makes recommendations to the Service member's commander on referrals to a specific treatment program.							
(c)	The CRC monitors and advises the commander of progress in treatment.							
5.27	Policies and procedures exist that specify the definitions of substantiated, suspected, unsubstantiated, and at risk, as specified in DoD Instruction 6400.2 (reference (a)) and PS 5.27, Chapter 5, above.							
5.28	Documentation of the determination of the case status, as specified in PS 5.28, Chapter 5, above, is made.							
5.29	The CRC is responsible for the following:							

CATEGORY: SECTION 5.0 <u>Intervention and Treatment of Spouse Abuse Cases</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>The FAC and the CRC</u> (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
(a) Determining the status of the case; "substantiated," "suspected," or "unsubstantiated." (b) Reviewing and approving the assessment. (c) Reviewing and approving the case or service plan. (d) Reviewing and approving appropriate interventions and treatment services. (e) Reviewing and making appropriate recommendations to commanders on command administrative actions being planned for active duty Service members involved in FAP Cases in accordance with Service directives. (f) Reviewing and making appropriate recommendations on criminal action being contemplated against an offender of a substantiated FAP case by							

CATEGORY: SECTION 5.0 <u>Intervention and Treatment of Spouse Abuse Cases</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
The FAC and the CRC (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
(f) military or civilian law enforcement agencies or judicial officers, when requested and in accordance with Service directives. (g) Approving case transfer and/or closure. <u>Spouse Abuse Level-One Intervention Services</u> 5.30(a) Level-One intervention services are provided or arranged by FAP. (b) These are defined as "educationally-based programs" and include stress management, anger management, interpersonal communications, and support groups. (c) Policies and procedures exist that describe available Level-One FAP services.							

CATEGORY: SECTION 5.0 <u>Intervention and Treatment of Spouse Abuse Cases</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Spouse Abuse Level-One Intervention Services</u> (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
5.31(a) The development and provision of Level-One intervention and support services are promoted as identified and prioritized in PS 5.31, Chapter 5, above. (b) Policies and procedures exist that describe existing programs, their locations, under what circumstances they should be used, and referral and followup processes. <u>Spouse Abuse Level-Two Intervention Services</u> 5.32(a) Level-Two intervention services are provided or arranged by the FAP. (b) These are defined as "clinically-based programs" and are described in written policies and procedures. (c) Policies and procedures exist that specify the criteria for							

<u>CATEGORY:</u> SECTION 5.0 <u>Intervention and Treatment of Spouse Abuse Cases</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Spouse Abuse Level-Two Intervention Services</u> (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
<p>the selection of the appropriate treatment services and referral and followup procedures.</p> <p>(d) Documentation for the reason and/or decision has been made in the case record when appropriate treatment is not provided.</p> <p>5.33(a) Level-Two treatment services appropriate for treating offenders, victims, and other household members in need of counseling and/or psychotherapy, as identified in PS 5.33, Chapter 5, above, are provided or arranged by the FAP.</p> <p>(b) Policies and procedures exist that describe available Level-Two FAP services.</p>							

CATEGORY: SECTION 5.0 <u>Intervention and Treatment of Spouse Abuse Cases</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSs</u>	A C C O M P L E T E D
<u>Spouse Abuse Level-Two Intervention Services</u> (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
5.34(a) The development and provision of supportive services needed in Level-Two intervention are promoted, as identified and prioritized in PS 5.34, Chapter 5, above. (b) Policies and procedures exist that describe existing programs, their locations, under what circumstances they should be used, and referral and followup processes. <u>Termination of FAP Services in Spouse Abuse Cases</u> 5.35(a) Policies and procedures exist that require termination to be based on documentation including current risk-assessment of the offender and victim, and accomplishment of the treatment objectives. (b) The CRC reviews and approves all terminations.							

CATEGORY: SECTION 6.0 <u>Case Accountability in FAP</u> (Corresponds with PSS 6.1 through 6.34, Chapter 6, above)		Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
Case Management						<u>COMMENTS</u>	<u>WHO</u> <u>ACTION</u> <u>DATE</u>	<u>DATE</u>
6.1 A case accountability system exists at installation level that includes roles and responsibilities, policies, procedures, and relevant definitions for the following: (a) Case management process. (b) Role of case manager. (c) Intake. (d) Assessment. (e) Case services and plans. (f) Case substantiation. (g) Case review. (h) Case closing. (i) Case follow-up. (j) Case records.								

CATEGORY: SECTION 6.0 <u>Case Accountability in FAP (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Case Management (cont.)</u>					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
<p>(k) Case confidentiality.</p> <p>6.2 Immediately on entry into the system, each case is assigned a case manager.</p> <p>6.3 Guidelines describing case management process have been developed and distributed to all relevant military and community agencies.</p> <p>6.4 Case management is defined, as specified in PS 6.4, Chapter 6, above.</p> <p><u>The Role, Authority and Responsibility of the Case Manager</u></p> <p>6.5 The case manager, as specified in the case accountability system, has the primary responsibility for case management services from entry of the case into the FAP system to case closing.</p>							

CATEGORY:		Y	N	P	E		ACTION REQUIRED TO MEET THE PSS	A	C
SECTION 6.0		E	O	A	X			C	C
Case Accountability in FAP (cont.)		S		R	C			T	O
				T	E			I	M
				I	P			O	P
				A	T			N	L
				L	I			E	E
					O			D	D
Case or Service Plans						COMMENTS	WHO ACTION DATE	DATE	
6.6	An intake service, that includes the functions specified in PS 6.6, Chapter 6, above, is provided.								
6.7(a)	The intake service accepts every report of abuse, determines the seriousness of the situation according to established criteria, and provides either protection or information and referral.								
(b)	Referral sources are notified of the FAP's decision of whether to serve within confidentiality guidelines.								
6.8	All reports of abuse and/or neglect are considered open cases and receive case management services and an initial assessment.								
6.9	Information from law enforcement investigation reports is considered in case review, planning, and case status determination.								

CATEGORY: SECTION 6.0 <u>Case Accountability in FAP (cont.)</u>		Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Case or Service Plans (cont.)</u>						<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
6.10	All open cases are reviewed by the CRC for case status determination.							
6.11(a)	Time frames for the initial assessment and initial case plan have been established.							
(b)	The assigned case manager monitors the provision of these services and reports this information to the CRC.							
6.12(a)	Case plans are developed and revised, in collaboration with the client(s), when appropriate.							
(b)	Case plans are based on referral and investigative information, initial and continuing assessments, outcome of the the initial case plan and family assessment, and service time frames.							
(c)	Case plans are modified as changes in the case and continued assessment occur.							

CATEGORY: SECTION 6.0 <u>Case Accountability in FAP (cont.)</u>		Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
Case or Service Plans (cont.)						COMMENTS	WHO ACTION DATE	DATE
6.13	All case plans are approved by the CRC and implemented by case managers.							
6.14	The CRC reviews, approves, and makes recommendations on case plans which are based on the goals of stabilizing families and eliminating domestic violence.							
6.15(a)	Cases are reviewed by the appropriate CRC, in accordance with established criteria, at least every 90 days. Cases to be reviewed are at risk, active FAP cases, and cases between installations.							
(b)	The case manager presents each case and its progress, goals, and recommendations to the CRC.							
(c)	The CRC makes recommendations to the commanders on participation and recommended administrative actions.							

<u>CATEGORY:</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D	
SECTION 6.0								
<u>Case Accountability in FAP (cont.)</u>								
<u>Case or Service Plans (cont.)</u>					<u>COMMENTS</u>	<u>WHO</u>	<u>ACTION DATE</u>	<u>DATE</u>
6.16 Service provision (military and community) and safety are always monitored by the case manager, in accordance with the MOUs, and as specified in PS 6.16, Chapter 6, above.								
6.17 Policies and procedures, which ensure continuity of services, feedback and followup, exist for the transfer of cases. These specify responsibilities in accordance with PS 6.17, Chapter 6, above.								
6.18 The case manager implements and oversees all case transfers.								
<u>Case Closing</u>								
6.19 Criteria exist for closing cases as specified in PS 6.19, Chapter 6, above.								
6.20 The case manager implements all case closures.								

CATEGORY: SECTION 6.0 <u>Case Accountability in FAP (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSs</u>	A C T I O N C O M P L E T E D
Case Closing (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
6.21 Criteria exist for the provision of support services after the case is closed (followup and aftercare, etc.). <u>Case Records</u> 6.22(a) Policies and procedures exist governing case records, as specified in PS 6.22, Chapter 6, above. (b) Guidelines exist for case recording. 6.23 A case record exists for each initial report of child or spouse abuse. Each incident is documented in the record. 6.24 The case manager has primary responsibility and oversees the development, documentation, and maintenance of case records. 6.25 The case record includes content in accordance with PS 6.25. Chapter 6, above.							

<u>CATEGORY:</u>		Y E S	N O	P A R T I A L	E X C E P T I O N	<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N	C O M P L E T E D
SECTION 6.0								
<u>Case Accountability in FAP</u> (cont.)								
Case Records (cont.)						<u>COMMENTS</u>	<u>WHO</u>	<u>ACTION DATE</u>
6.26	A system exists for assessing and monitoring case record content.							
6.27	Policies and procedures exist on client access to case records.							
6.28	All case records are stored in a secure storage area.							
6.29	Case records are treated as "confidential" in accordance with DoD Directives 6400.1 (reference (c)) and 5400.11 (reference (d)), Service and installation guidelines.							
6.30	Case records for closed and unfounded cases are handled, in accordance with DoD Directive 5400.11 (reference (d)), and Service directives.							
Confidentiality of FAP Cases								
6.31	Cases are treated as "confidential" and only released to authorized sources.							

CATEGORY:		Y	N	P	E		ACTION REQUIRED		A	C
SECTION 6.0		E	O	A	X		TO MEET THE PSS		C	C
Case Accountability in FAP (cont.)		S		R	C				T	O
				T	E				I	M
				I	P				O	P
				A	T				N	L
				L	I				E	E
					O				D	D
Confidentiality of FAP Cases (cont.)						COMMENTS	WHO	ACTION	DATE	DATE
6.32(a)	Policies exist on the involvement of parents when a minor child is receiving services.									
(b)	The policies do not violate parent's rights but the primary concern is the minor client's protection.									
6.33	Policies and procedures exist which ensure that personnel discuss with clients the purpose of gathering information, circumstances under which it shall be released, and opportunities for clients to check information for accuracy.									
6.34	Policies exist governing personnel authorized to request Central Registry information.									

CATEGORY: SECTION 7.0 <u>Staffing for the FAP Services</u> (Corresponds with PSs 7.0 through 7.15, Chapter 7, above)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSs</u>	A C T I O N C O M P L E T E D
<u>Qualifications and Credentials</u>					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
7.1 The FAP complies with the qualifications and credentials required of professional personnel, in accordance with applicable DoD and Service directives. 7.2 Personnel function as members of multi-disciplinary teams. <u>Level-One Intervention Services:</u> <u>Professional Practitioners for Level-One Intervention Services</u> 7.3(a) Minimum qualifications exist for professional practitioners engaged in providing Level-One intervention services described in PS 7.3, Chapter 7, above. (b) Staff perform those services for which they are qualified.							

CATEGORY: SECTION 7.0 <u>Staffing for the FAP Services (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Supervisors of Level-One Professional Personnel</u>							
<p>7.4 Minimum qualifications exist for supervisors of professional personnel as described in PS 7.4, Chapter 7, above.</p> <p><u>Level-Two Intervention Services: Professional Practitioners for Level-Two Intervention Services</u></p> <p>7.5(a) Qualifications exist for professionals providing assessment and treatment services, in accordance with PS 7.5, Chapter 7, above.</p> <p>(b) Staff perform those services for which they are qualified.</p> <p><u>Supervisors of Level-Two Professional Personnel</u></p> <p>7.6 Qualifications exist for supervisors of professional services in accordance with PS 7.6, Chapter 7, above.</p>							

CATEGORY:		Y E S	N O	P A R T I A L	E X C E P T I O N	ACTION REQUIRED TO MEET THE PSS	A C T I O N	C O M P L E T E D
SECTION 7.0								
<u>Staffing for the FAP Services (cont.)</u>								
<u>Work Assignments</u>						<u>COMMENTS</u>	<u>WHO</u>	<u>ACTION DATE</u>
7.7(a)	Policies and procedures exist describing the criteria for assigning cases and duties to all personnel.							
(b)	Time-task studies of all personnel activities are done periodically.							
7.8	Policies and procedures exist defining the number of needed support and administrative personnel.							
<u>Work Loads</u>								
7.9(a)	A victim count is utilized in establishing caseload sizes.							
(b)	Individual cases of victims in a specific family are cross-referenced in the case records management information system.							
7.10	DoD and Service work-load standards exist and are adhered to in accordance with the criteria specified in PS 7.10, Chapter 7, above.							

CATEGORY: SECTION 7.0 <u>Staffing for the FAP Services (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Supervision and Job Performance Evaluations</u>					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
7.11 Supervision (professional or administrative) is provided to each staff member. 7.12 Policies and procedures exist defining the minimum requirements for individual supervision in accordance with PS 7.12, Chapter 7, above.							
<u>Training and Personnel Development</u>							
7.13 A personnel training and development plan exists and is developed annually, in accordance with PS 7.13, Chapter 7, above.							
7.14 A written record exists describing the training and personnel development activities for each staff member. This includes information as specified in PS 7.14, Chapter 7, above.							

CATEGORY: SECTION 7.0 <u>Staffing for the FAP Services (cont.)</u>	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Training and Personnel Development</u> (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
7.15 A calendar of training and personnel development events exists and is posted or distributed to personnel.							

CATEGORY: SECTION 8.0 <u>Program Planning and Evaluation</u> (Corresponds with PSs 8.1 through 8.7, Chapter 8, above.)		Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSs</u>	A C T I O N C O M P L E T E D
<u>Data Collection, Analysis and Utilization</u>						<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
8.1	A standardized, Service-developed reporting format that is integrated with the Uniform Service reporting format exists for the regular collection and analysis of information.							
8.2	Statistical records exist that maintain an accurate record of services provided and identify recurring program problems. This record includes information as specified in PS 8.2, Chapter 8, above.							
8.3(a)	Service-approved forms that present the volume and types of services provided are available to staff and are utilized for monthly and annual statistical reports.							
(b)	Consistent data collection is promoted by the development of standardized definitions of terms among the Services.							

CATEGORY:		Y E S	N O	P A R T I A L	E X C E P T I O N	ACTION REQUIRED TO MEET THE PSS	A C T I O N	C O M P L E T E D
SECTION 8.0								
Program Planning and Evaluation (cont.)								
Program Evaluation						COMMENTS	WHO	ACTION DATE
8.4	Program evaluations, in accordance with PS 8.4, Chapter 8, above, are conducted periodically and regularly.							
8.5	Objectives that measure effectiveness exist for all contracted services.							
QA								
8.6	A written plan with related policies and procedures exists to evaluate, on an ongoing basis, the quality, utilization, appropriateness, and timeliness of services provided.							
Planning Efforts and Results								
8.7(a)	An annual planning process takes place that reviews program progress, changing program directions, populations and patterns.							

CATEGORY: SECTION 8.0 <u>Program Planning and Evaluation</u> (cont.)	Y E S	N O	P A R T I A L	E X C E P T I O N		<u>ACTION REQUIRED TO MEET THE PSS</u>	A C T I O N C O M P L E T E D
<u>Planning Efforts and Results</u> (cont.)					<u>COMMENTS</u>	<u>WHO ACTION DATE</u>	<u>DATE</u>
(b) As a result, a plan exists with specific objectives, needs, and strategies. The process includes input from relevant military and community representatives, uses QA information, and the plan is available to Headquarters, community, and military agencies.							